



ScoutsTT

MF01/2017

New  Existing

# LEADERSHIP EXCELLENCE

**Adult Volunteer Application Form**



**SECTION A: About the Individual (applications must be submitted with two (2) passport photos)**

SCOUTS TT aims to provide a safe environment for all persons involved in scouting activities. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interests with the appropriate position description and needs of the organization. Answers given by the applicant may be verified. Please note the following:

*BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING A BACKGROUND CHECK OF YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES.*

Position applied for

District

Group (if applicable)

ID type (ID, DP, or PP) & number

Home address

Postal address (if different)

Home phone number       Mobile phone number

Email address

Employment status: *Employed, retired, student or self employed*

Employer

Occupation

Native language  
 English       Other

Faith practiced

Interests / hobbies

Membership number (assigned by National Office) if available

First Name       Initials

Surname       Date of Birth (DD MM YY)

Mr. /Mrs. / Dr. / Ms.       Gender  
 M       F

Previous surname (if applicable)

Also known as

Doctor name

Doctor contact

Medical Insurance Provider

Policy Number       Beneficiary (*for ScoutsTT plan*)

Emergency Contact

Relationship       Contact number

**References (references should not be relatives)**

Reference 1  
 Name and address

Contact No.  /

Relationship to applicant

Reference 2  
 Name and address

Contact No.  /

Relationship to applicant

*"No one can pass through life, any more than he can pass through a bit of country, without leaving tracks behind, and those tracks may often be helpful to those coming after him in finding their way".*  
 LORD ROBERT BADEN-POWELL

## SCOUTING HISTORY

No. Years		Group	Year	Training and awards	Year
<input type="text"/>	Cub Scouts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Scouts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Venture Scouts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Adult (non-uniform)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Adult (uniformed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Education Background

- Primary
- Secondary
- University
- Technical / vocational

### Employment Experience

- Administrative
- Technical
- Academic
- Management
- Sales
- Professional
- Non-Clerical

### Personal Background

No. of Children

Marital Status  M  D  S

Disabilities

Any criminal convictions?  Yes  No

Details

## SECTION B: The Role

You may need the assistance of your Group Scout Leader or District Commissioner to complete this section

Membership type: Tick only one box

**Note: Each role has a minimum membership requirement. If you are unsure of the requirements for your role please check with your Group Leader or Commissioner.**

Membership Level

Uniformed	Non-Uniformed	Examiner	Council member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	District	National	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION C: Declarations

Please note, by signing this form you will, as appropriate, accept, confirm and declare all the matters under this section. If you do not agree with any one of the items below, please do not sign this form.

For advice, please contact your line manager or the Scout Information Centre.

### Acceptance of Scouting values and Association regulations

By signing this application, I confirm that I:

- accept the values of Scouting as set out in the Purpose and Principles;
- have received a copy of ScoutsTT Youth Protection Policy and accept and understand that the aim of the Policy is to safeguard the welfare of all Members by protecting them from physical, sexual and emotional harm;
- am prepared to make the Scout Promise (where appropriate. If you are unsure please contact your GSL or Commissioner (where appropriate) or the National Headquarters staff;
- agree not to promote within parameters of my scouting responsibilities any beliefs, behaviours or practices that are not compatible with the values of Scouting;
- agree to work within the policies and rules of ScoutsTT and confirm that I have received and reviewed a copy of the document.
- accept that Scouting is a uniformed organisation;
- accept the requirement to undertake the appropriate learning and/ or training within the time-scale as laid down by the Association;
- understand that because my volunteering for the Association may involve substantial contact with persons under the age of 18, any conviction, which would be regarded as 'spent' for other purposes, must be disclosed and I hereby declare that I have not at any time, within the Republic of Trinidad and Tobago, or in any other Country or Territory, been found guilty by a court of any offence concerning children or young people under 18 years of age nor bound over, placed on probation, cautioned, or discharged conditionally or

absolutely in relation to such offences;

- have not been convicted of any other offence(s) or subject to disciplinary proceedings relevant to the role I am undertaking in Scouting.

### Data Protection

In order to become a Member you must agree to the Association holding your personal data during and beyond your membership to ensure the effective running of the organisation.

By signing this application, I agree to the Association during and beyond my membership:

- retaining my personal data to facilitate any present or potential future involvement with Scouting;
- retaining sensitive personal data regarding my religion and/or special needs/disabilities; and
- carrying out checks into my suitability to carry out a role in Scouting, including obtaining references and Criminal Records checks.

### 3. Media Release Authorization

Throughout the scouting year, leaders, parents and other members or representatives of ScoutsTT take pictures and / or video of scouting events and activities. These are typically used for historical purposes, group displays, websites, etc. In some instances these may also be used by ScoutsTT for media publications and promotional material.

### Signed by Applicant

## SECTION D: Confirmations

I confirm that I have read and understood all the information provided in this form and also in all the additional documents referred to. I further confirm that the information that I have provided in this form is correct and true to the best of my knowledge and belief.

**Signed by Applicant**

     

**TO BE COMPLETED BY GROUP LEADER (IF APPLICABLE)**

I have read application and support the applicant through the appointment process and will ensure that a relevant induction takes place.

**Name**

**Signed by Group Scout Leader**

     

**TO BE COMPLETED BY SPONSORING AUTHORITY**

I have read application and agree to support the applicant through the appointment process.

**Name and position**

**Signature and stamp of Sponsoring Authority**

     

## SECTION E: District Review

**TO BE COMPLETED BY RELEVANT COMMISSIONER**

The below should be signed by the relevant commissioner or body.

**RECORD UPDATED WITH THE ABOVE INFORMATION:**

Certificate of character received  
 References checked  
 Warrant application form completed (if req'd)  
 Initial HQ check satisfactory  
 Completed role specific training  
 Applicant has been interviewed by DC  
 Applicant has been interviewed by DWRC  
 Registration fees received and included  
 Role requirements explained  
 Copy of POR and constitution given  
 Youth Protection Training completed  
 Approval from Sponsoring Authority (if relevant)  
 Approval from relevant commissioner/body  
 Completed scouting orientation


Signed by District Commissioner (if applicable)

*For use by National Office only*

ACTION	COMPLETION DATE		Signed by National Scout Commissioner <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Application received at National Office	<input type="text"/>	<input type="text"/>	
Fees paid to National Office	<input type="text"/>	<input type="text"/>	
Application reviewed by Executive Commissioner	<input type="text"/>	<input type="text"/>	
Warrant or Letter of appointment issued by National Office	<input type="text"/>	<input type="text"/>	
Application entered on database	<input type="text"/>	<input type="text"/>	
Data entry reviewed and verified	<input type="text"/>	<input type="text"/>	