

APPLICATION FOR MEMBERSHIP AND APPOINTMENT OF VOLUNTEERS



This form is to be filled out by the adult at the beginning of each Scouting year. This application will be forwarded to the local council office and a copy will be kept by appropriate personnel (i.e. Section Leader, Commissioner, Committee Chair) for response in the event of a medical emergency. It is the adult's responsibility to notify/update appropriate personnel of any changes in their medical status or other information contained in this form that may occur throughout the Scouting year. Please note that Scouts Canada is committed to respecting the privacy of our members, their families, and our employees, by adhering to the privacy principles set forth in Schedule 1 of The Personal Information Protection and Electronic Documents Act. Scouts Canada's Personal Information Protection Procedures and Guiding Principles and an explanation of this form may be viewed on Scouts Canada's website at www.scouts.ca/aa.

SCOUT GROUP NAME: _____

SCOUTING ROLE: Section Leader Assistant Leader Other _____

Working with:

- Beaver Scouts Cub Scouts Scouts Venturer Scouts
 Rover Scouts SCOUTSabout Jr. (5-7) SCOUTSAbout Sr. (8-10)
 Extreme Adventure (14-17) Group Committee Other: _____

MEMBERSHIP INFORMATION: New Member Returning Member

Salutation: Mr. Mrs. Miss Ms. Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Nickname: _____ Gender: Male Female Date of Birth (dd/mm/yyyy): _____

Street Address: _____ City: _____ Prov/Terr: _____ Postal Code: _____

Email: _____ Home Ph. #: _____ Work Ph. #: _____

Other Ph. #: _____ Faith Affiliation: _____

Provincial/Territorial Health Care Number: _____ (Voluntary in some provinces and territories)

Current Employer: _____ Occupation: _____

Are there any medical, family circumstances, cultural or faith requirements of which the leader should be aware?

Yes No If yes, please advise leader of details.

EMERGENCY CONTACT INFORMATION:

Contact Person: _____ Daytime Ph. #: _____
Home Ph. #: _____
Relationship: _____ Other Ph. #: _____
(not stored in MMS)

INFORMATION FOR MEDICAL EMERGENCIES: (Medical information is not stored in MMS)

Physician's Name: _____ Physician's Ph. #: _____

Insurance Coverage Held: Yes No _____

Does the participant have any allergies? Yes No If yes, please provide details below:

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has. Provide details below:

Does the participant require special care, medication or diet? Yes No If yes, please provide details below:

Date of last tetanus shot (Month and Year): _____

Swimming Abilities: Non Swimmer Swimmer (Highest Level Achieved): _____



Applicant Last Name: _____

Applicant First Name: _____

PRIVACY POLICY INFORMATION, PHOTO RELEASE CONSENT, SCOUTING LIFE MAGAZINE:

These items relate to the Scouts Canada Privacy Policy, and what can be done with the information you provide. Please review the Privacy Policy at www.scouts.ca before making your choices. Throughout the Scouting year, leaders, parents and Scouts Canada employees take photos and video of youth participating in Scouting activities. These photos are typically kept in group photo albums and displayed on group web sites. Some are also submitted to local newspapers and to Scouts Canada's Communications Services where they are often used in Scouts Canada publications and promotional materials. **Unless otherwise stated below, I consent to the use of images of myself and/or my child/ward as indicated above.**

- I DO NOT wish to have the images used as indicated above.
- Tick the box if you DO NOT wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.
- Tick the box if you DO NOT wish to receive *Scouting Life Magazine*.

PERSONAL REFERENCES (NAME AND CONTACT INFORMATION):

This is for new applicants only. If a family member is used as a reference, only include one family member. If we have difficulty contacting your references, we will ask you to provide additional references.

- | | | |
|----------|-------------------|--------------------|
| 1. _____ | Home Ph. #: _____ | Other Ph. #: _____ |
| 2. _____ | Home Ph. #: _____ | Other Ph. #: _____ |
| 3. _____ | Home Ph. #: _____ | Other Ph. #: _____ |

INFORMATION UPDATE: (note: applicant must sign the Applicant's Agreement at the bottom of this form)

Updated By
Adult Name: _____ **Signature:** _____ **Date:** _____
 (Please Print) (dd / mm / yyyy)

Updated By
Adult Name: _____ **Signature:** _____ **Date:** _____
 (Please Print) (dd / mm / yyyy)

APPLICANT'S AGREEMENT:

- I will subscribe to and actively promote the Mission and Principles of Scouting.
- I agree, as part of my membership requirement, to submit to and provide a police records check (including a Vulnerable Sector Check) clean of any criminal convictions.
- I agree to participate in a Woodbadge Part I within the first year.
- I will abide by the By-law, Policies and Procedures of Scouts Canada (this can be found at www.scouts.ca).
- I understand that the membership fee for each Scouter paid to Scouts Canada includes the non-refundable fee for one year of the *Scouting Life Magazine*.
- I understand that participation in Scouts Canada is voluntary and there is a degree of risk in some Scouting activities. After carefully considering the risks involved, I will take reasonable precautions to ensure the safety and well being of participants entrusted to me and my personal safety.

X _____
Signature of Applicant

Date (dd / mm / yyyy)

Appointment Approval: _____
Council / Area or Group Commissioner's Signature

Name (Please Print) Date (dd / mm / yyyy)

Note to Leaders: At the end of the year, please forward your copy of this form to your council office.