|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | | First Name: |  | | | | | Family Name: |  | | | | | Date of Birth: |  | Age: |  | | | Sex: | Male |  | Female |  | | Nationality: |  | | | | | Driving Licence: | Yes |  | No |  | | (Please attach a copy) |  | | | | | Address: |  | | | | |  |  | | | | |  |  | | | | |  |  | | | | | Telephone: |  | | | | | Email: |  | | | | |  | | | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | | | | |  | Attach Photo Here  (or to email) | |  | |  | |  | | | Emergency Contact: | |  | | | Address: | |  | | |  | |  | | |  | |  | | | Telephone: | |  | | |  | |  | | | Please enter any relevant information below: | | | | | Dietary needs | |  | | |  | |  | | | Medical conditions: | |  | | |  | |  | | |  | |  | | |
|  |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | Are you a member of Scouting? | | | | | | | | | | | | | | | No | |  | Yes |  | | | (If yes please enter the name of your national Scout organisation below) | | | | | | | |  |  | | | | | | | | | | | |  | | Where would you like to volunteer?  **(Please rank from 1 to 6, where 1 is your preferred centre)** | | | | | | | | | | | | | | |  | | | | | 1 | 2 | | 3 | 4 | 5 | 6 |  | | | Downe | | | | |  |  | |  |  |  |  | (Kent, South London) | | | Gilwell Park | | | | |  |  | |  |  |  |  | (Essex, North London) | | | Great Tower | | | | |  |  | |  |  |  |  | (Lake District) | | | Hawkhirst | | | | |  |  | |  |  |  |  | (Kielder, Northumberland) | | | Woodhouse Park | | | | |  |  | |  |  |  |  | (Bristol) | | | Youlbury | | | | |  |  | |  |  |  |  | (Oxford) | | | NB: If you would like to volunteer at Crawfordsburn, Yr Hafod, or Ferny Crofts please send email us at Volunteering.SAC@scouts.org.uk | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |  |  |  | | --- | --- | --- | |  | | | | **Which role are you applying for?** | | | |  | | | | **When would you like to volunteer?** | | | | Fixed Term placements | | | | March to February (12 Months) | |  | | September to August (12 Months) | |  | | September to April (8 Months) | |  | | March to October (8 Months) | |  | | May to September (5 Months) | |  | | Mid -July to September (2 Months) | |  | | **Other** | | | | I’d like to volunteer from: |  | | | Until: |  | | |  | | | |
| |  | | --- | | I’d like to volunteer because... | | | |



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | | | | **In the past I have worked in...** | | | | Administration/Marketing | |  | | Youth Work | |  | | Environmental/Conservation | |  | | DIY/Maintenance | |  | | Outdoor Education/Education | |  | | Other | |  | |  |  | | |  | | | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | **I have personal experience of these activities...** | | | | | | | | Rock Climbing | | |  | Sailing | |  | | High Ropes | | |  | Power Boats | |  | | Team building | | |  | Orienteering | |  | | Canoeing/Kayaking | | |  | Raft Building | |  | | Archery/Rifles | | |  | Life Saving | |  | | First Aid |  | Expiry Date: | | |  | | | Other: | | |  | | | | |  | | | | | | | |
| |  | | --- | | **Please give details of any other relevant outdoors or volunteering experience and qualifications:**  *NB This might include work with youth organisations, the Duke of Edinburgh’s award, membership of clubs or personal experience.* | | | |
|  |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **UK Scouting Applicants**  Please provide the contact details for your Group Scout Leader, District Commissioner or County Scout Network Commissioner. We will contact this person to act as a reference for you.   |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Role: |  | | Group/District/County: |  | | | | Contact Email: |  | | | | Telephone: |  | | | |  | | | | | |  | | **Oversees Scouting Applicants**  Please provide the contact details for a representative of your National Scout Association.   |  |  | | --- | --- | | Name: |  | | Role/Position: |  | | Name of Organisation |  | | Contact Email: |  | | Telephone: |  | | **You may wish to ask this person to include a letter of reference on headed paper. This will help us to process your application form.** | | |  | | | | | |