

## **Application for Adult Membership**

DETAILS OF ADULT APPLICA	NT:	(Ite	ms marked	I with an aster	isk * are required)		
*Full Name & Surname: (as per ID)							
*Title: (Mr/ Ms/ Miss/Dr/Prof/Rev)	*Gende	r Male	F	emale	Non-binary		
Name known by: (Nickname)							
*Identity Number:			*Date of	f Birth: D D	M M Y Y Y Y		
Passport no.: (*ONLY if no ID)			Date of 1	Issue: D D	M M Y Y Y Y		
Passport issued by which countr	y?						
*Cell No:  (We must have your cell phone number to co	mmunicate with you and for emo	ergencies)					
Email Address: (This is optional but is very helpful for us to c	rommunicate with you and for en	nergencies)					
*Residential Address: (We must have this for the criminal clearance check and sexual offences register check)				Postal C	Code:		
*Emergency contact name:							
*Emergency contact cell numbe	r:						
Home Language: (Optional, but it helps us communicate with you)	Other Languages you speak:						
In case of an emergency where (Optional, but it makes it more likely that you	-		•				
Medical Aid Scheme Name (e.g., Discovery)	(e.g., Medical Aid Number		Principal Member				
*Medical conditions (like allergies) we should be aware of (If none, please write 'none')							
Religion (The answer is optional. If yo	u provide this information, it	t helps us in	many ways,				
Buddhist: Christian: Hi	indu: Jewish:	Muslim	: Oth	er I	noose not to sclose:		
Ethnic Group: (This information is option South Africa does not identify the race of specific		eral demograp	hic statistics fo	or funding and BBI	3EE purposes. SCOUTS		
African: Asian: (	Caucasian: Col	oured:	In	dian:	Other:		
Do you have a skill/profession tl	nat you are prepared o	ffer pro b	ono, on re	quest, to Sco	outing:		

E-mail: info@scouts.org.za Website: www.scouts.org.za Tel: 0860 SCOUTS

	I, (full name) declare that:
1.	
2.	. I am prepared to make the Scout Promise.
3.	. I understand that anything I do with young people must be to help them achieve the Aim of Scouting.
4.	
5.	
6.	
7.	· · · ·
8.	
9.	
1(	years), any criminal conviction involving minors which has been removed from my criminal record must still be disclosed by me.  O. I am not, to the best of my knowledge, the subject of any criminal investigation or awaiting the outcome of criminal proceedings
	against me and I will inform SCOUTS South Africa immediately if I become subject to this in the future.
1:	<ol> <li>I undertake to report to the District Commissioner/Regional Commissioner or Chief Commissioner, as appropriate, any changes in my circumstances that could affect my role and membership of SCOUTS South Africa.</li> </ol>
12	2. I hereby acknowledge anyone entering the premises of SCOUTS South Africa does so entirely at their own risk. I agree not to hold SCOUTS South Africa liable for any loss or any damage of any kind, or any death of or injury to any person, whilst participating in any activities organised by or conducted by SCOUTS South Africa, even if the loss or death or injury is caused by the negligent act or omission of SCOUTS South Africa, its employees, agents, officers, contractors, or affiliates.
	<ol> <li>I hereby indemnify and hold harmless SCOUTS South Africa against all or any claims which may be made by any person against SCOUTS South Africa or its employees, agents, officers, contractors, affiliates, or any other person for any damage of whatever kind arising from the death or injury to any person whilst such person is or on any premises of SCOUTS South Africa or participating in any activity organised by or conducted by SCOUTS South Africa which was caused by me.</li> <li>SCOUTS South Africa holds Public Liability insurance, but not Personal Injury insurance.</li> </ol>
15	<ul> <li>5. All SCOUTS South Africa members will receive service messages (e.g. opportunities, programme updates), emergency messages, and may receive some direct marketing regarding SCOUTS South Africa events and goods. SCOUTS South Africa will always give you the option to unsubscribe from direct marketing messages.</li> <li>6. I have read the SCOUTS South Africa Privacy Notice which sets out what my personal information will be used for and who it will</li> </ul>
17	be shared with.  7. I have watched the <u>WOSM introductory Safe from Harm</u> video. <a href="https://www.scout.org/safefromharm">https://www.scout.org/safefromharm</a>
	Kindly ensure that a CERTIFIED copy of your identity document is attached to this application.
	Use of photographs and audio/audio-visual recordings SCOUTS South Africa has a legitimate interest to take and use photographs, or film and record audio/audio-visual clips at large public events and during Scout Group meetings and will not ask for consent. Photographs that include 2 or more people in a public place or Scout venue, will be considered to be 'public' photographs. Unless you have already provided your consent (see below) we will ask for your verbal consent if: the photograph/audio-visual recording is of only you or it contains special personal information (like information about your health but excluding facial recognition). You can ask us to delete the photograph at any time by using the process set out in our SCOUTS South Africa Privacy Notice, and we will delete the content or tell you why we did not delete it.
	I consent and authorise that any photo's, statements, audio-visual recordings, video and sound bites taken, recorded, and collected from me during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication, and fundraising campaigns. (You do not have to provide this consent, but by ticking the consent box you are helping SSA with fundraising, marketing, and communications. You can withdraw your consent at any time.)  I do NOT CONSENT to the above regarding the use of photographs and audio/audio-visual recordings of me. I undertake the responsibility to inform the Scouter of this decision.

Website: www.scouts.org.za

Signed at (place)

Signed at (place)

\*Signature of Applicant

\*Signature of Witness

E-mail: info@scouts.org.za

Date

D

Date

Tel: 068 069 9463

APPROVAL PROCESS: (FOR OFFICE USE)														
GROUP COMMITTEE:  Application considered at the Group Committee Meeting on:	D	D	М	М	Υ	Υ	Υ	Υ						
Chair: Member:						-								
Member: Member:														
Interview Comments:														
Group Committee decision on application for adult membership:	Aco	cepte	d			Reje	cted	Ш						
Reason for rejection														
Documentation passed on to the Warrants Committee date:	D	D	M	M	Υ	Υ	Υ	Υ						
WARRANTS COMMITTEE: Application considered at the Warrants Committee Meeting on:	D	D	М	М	Υ	Υ	Υ	Υ						
Chair: SGL1:			111	111	'	'	'							
SGL2: SGL3:														
3012.														
Interview Comments:														
Warrants Committee decision on application for adult membership:	Ac	cepte	ed			Reje	cted							
Rejection reason, if applicable:														
		I												
On acceptance the Adult Member may	y be investi	ea												
Warrants Committee Chair / District Commissioner: Warrants Committee Chair:		_	B.4	D 4	1/	\/	\ <u>'</u>	V						
Applicant Advised by:	D	D D	M	M	Y	Y	Y	Y						
Uploaded to SD by:	D	D	M	M	Y	Y	Y	Y						
			1.1	1.1	'	1								

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