



DETAILS OF APPLICANT:

Full Names & Surname:

Title (Mr / Ms / Miss / Dr / Prof / Rev) Male Female

Name known by:

Identity Number: Date of Birth:

Home No: Cell No:

Work No: Fax No:

Email Address:

Physical Address:

Code:

Appointed Role in Group/District/Region or Event:

Start date of Membership End date of Membership:

Name of Scouter in Charge:

Contact No: Warrant No:

DECLARATION BY APPLICANT:

In signing this application for Affiliate Membership, I declare that I:

- Have read, understood and accept the Aims of SCOUTS South Africa which are to promote the development of young people in achieving their full physical, intellectual, social and spiritual potentials, as individuals, as responsible citizens and as members of their local, national and international communities.
- Accept the need/requirement to undertake training which is applicable for the position being applied for, within time frames laid down by SCOUTS South Africa
- Understand the Child Protection Policy of SCOUTS South Africa which is intended to safeguard the welfare of all members by protecting them from physical, sexual and emotional harm.
- Understand that, in accordance with The Children’s Act (No. 38 of 2005) people working with children may be vetted against the National Child Protection database, agree to this and will give my full cooperation to SCOUTS South Africa to carry out the vetting on my behalf.
- Do not have a criminal record by having been found guilty by court of law other than declared above. Additionally, I have not been suspended or censured for any action concerning children, young people, sexual misconduct or related offences.
- Understand that because my voluntary work for SCOUTS South Africa may involve substantial contact with persons under the age of 18 years of age, any conviction involving minors which would be regarded as “spent” for other purposes must also be disclosed.
- Am not, to the best of my knowledge, the subject of any criminal investigation or awaiting the outcome proceedings against me before a criminal court or other tribunal.
- Understand that SCOUTS South Africa has the right to request me to provide a Police Clearance Certificate.
- Undertake to report to the District Commissioner/Regional Commissioner or Chief Commissioner, as appropriate, any changes in their circumstances that could affect my role and membership of SCOUTS South Africa.
- Agree and authorize that 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.
- Agree to work within all the policies and rules of SCOUTS South Africa and its Member Code of Conduct.
- Confirm that I have read, am familiar with and fully understand the Safe Scouting Policy.

PROTECTION OF PERSONAL INFORMATION ACT (2013)

I consent to SCOUTS South Africa processing any personal information I supply to them for administrating and maintaining my membership of SCOUTS South Africa. I confirm that my personal details and supporting documents as provided with this application may be uploaded to and managed on Scouts.Digital.

INDEMNIFICATION:

I hereby waive any right that I may have to claim compensation against SCOUTS South Africa or its Chairpersons, Commissioners, Scouters, agents, employees, volunteers or other members, in respect of any loss, injury or damage

