

## APPLICATION FOR MEMBERSHIP AND APPOINTMENT OF VOLUNTEERS

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This form is to be filled out by an adult volunteer or the parent/guardian of a youth leader with the role of Activity Leader or Scouter-In-Training 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 responsibility of the adult volunteer or the parent/guardian of a youth leader 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 web site at [scouts.ca/ca/privacy-statement](http://scouts.ca/ca/privacy-statement).

SCOUT GROUP NAME: \_\_\_\_\_

SECTION TYPE:

- ☐ Beaver Scouts (5-7)      ☐ SCOUTSAbout Jr. (5-7)  
☐ Cub Scouts (8-10)      ☐ SCOUTSAbout Sr. (8-10)  
☐ Scouts (11-14)      ☐ Extreme Adventure (14-17)  
☐ Venturer Scouts (14-17)      ☐ Schools and Scouting  
☐ Rover Scouts (18-26)      ☐ Other: \_\_\_\_\_  
☐ Group Committee

SCOUTING ROLE:

- ☐ Section Leader  
☐ Assistant Leader  
☐ Other \_\_\_\_\_  
 Youth Leadership Roles  
☐ Activity Leader (14-15)  
☐ Scouter-In-Training (16-17)

MEMBERSHIP INFORMATION:

☐ New Member      ☐ Returning Member

Preferred Language: \_\_\_\_\_

 Salutation: ☐ Mr.    ☐ Mrs.    ☐ Ms.  
                   ☐ Miss   ☐ Other \_\_\_\_\_

Faith Affiliation: \_\_\_\_\_

Street Address: \_\_\_\_\_

Last Name: \_\_\_\_\_

Daytime Ph. #: \_\_\_\_\_

City: \_\_\_\_\_

First Name: \_\_\_\_\_

Evening Ph. #: \_\_\_\_\_

Prov/Terr: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other Ph. #: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

Email\*: \_\_\_\_\_

Country: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

*\*This email will be used as a user name in myscouts.ca if over 18 years of age*

Employer: \_\_\_\_\_

Gender:    ☐ Male    ☐ Female

Occupation: \_\_\_\_\_

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

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

☐ Yes    ☐ No    If yes, please provide details. \_\_\_\_\_

EMERGENCY /PARENT/GUARDIAN CONTACT INFORMATION:

Adult volunteers require at least one emergency contact. For a youth leader use this section to enter parent/guardian information and alternate emergency contact. Email is only for the parent/guardian of a youth leader.

Emergency or Parent/Guardian Contact 1:

Emergency or Parent/Guardian Contact 2:

Emergency Contact for Youth Leader:

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Daytime Ph. #: \_\_\_\_\_

Daytime Ph. #: \_\_\_\_\_

Daytime Ph. #: \_\_\_\_\_

Evening Ph. #: \_\_\_\_\_

Evening Ph. #: \_\_\_\_\_

Evening Ph. #: \_\_\_\_\_

Alternate Ph. #: \_\_\_\_\_

Alternate Ph. #: \_\_\_\_\_

Alternate Ph. #: \_\_\_\_\_

P/G Email\*: \_\_\_\_\_

P/G Email\*: \_\_\_\_\_

P/G Email\*: \_\_\_\_\_

*Email\*: This email will be used as a user name in myscouts.ca if youth is under 18 years of age*

INFORMATION FOR MEDICAL EMERGENCIES:

Physician's Name: \_\_\_\_\_ Physician's Ph. #: \_\_\_\_\_

Swimming Abilities:    ☐ Non Swimmer    ☐ Swimmer    (Highest Level Achieved): \_\_\_\_\_

Date of last tetanus shot (Month and Year): \_\_\_\_\_

Insurance Coverage Held:    ☐ Yes    ☐ No \_\_\_\_\_Does the participant have any allergies?    ☐ Yes    ☐ No    If yes, please provide details below: \_\_\_\_\_



Applicant's Last Name: \_\_\_\_\_ Applicant's First Name: \_\_\_\_\_

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: \_\_\_\_\_

**PHOTO RELEASE, FUNDRAISING AND DIRECTORY CONSENT, SCOUTING LIFE MAGAZINE:**

These items relate to the Scouts Canada's Privacy Policy, and what can be done with the information you provide. Please review the Privacy Policy at [scouts.ca/ca/privacy-statement](http://scouts.ca/ca/privacy-statement) before making your choices. Throughout the Scouting year, leaders, parents and Scouts Canada employees take photos and video of members 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.

- ☐ I consent to the use of images of myself as indicated above.
- ☐ I wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.
- ☐ I wish to have my name and email address included in the myscouts Employee/Volunteer Directory.
- ☐ Tick the box if you DO NOT wish to receive *Scouting Life Magazine*.

**PERSONAL REFERENCES (for new applicants only):**

Only one family member may be used. If we have difficulty contacting your references, we will ask you to provide additional references.

Name: _____	Name: _____	Name: _____
Evening Ph. #: _____	Evening Ph. #: _____	Evening Ph. #: _____
Other Ph. #: _____	Other Ph. #: _____	Other Ph. #: _____
Email: _____	Email: _____	Email: _____

**INFORMATION UPDATE:** *(This section is to be signed by the applicant when there are updates during the Scouting year)*  
*The applicant must sign the Applicant's Agreement or Consent To Participate at the bottom of this form.*

Adult Name: _____ (Please Print)	Signature: _____	Date: _____ (mm / dd / yyyy)
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Adult Name: _____ (Please Print)	Signature: _____	Date: _____ (mm / dd / yyyy)
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**APPLICANT'S AGREEMENT OR CONSENT TO PARTICIPATE:**

*To be completed by the Applicant if over 18 years of age*

- I will subscribe to and actively promote the Mission and Principles of Scouting.
- I have read, understood, signed and agree to abide by the Code of Conduct.
- 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 will self declare to Scouts Canada any changes to my PRC on file.
- 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](http://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 consideration the risks involved, I will take reasonable precautions to ensure the safety and well being of participants entrusted to me and my personal safety.

*To be completed by the Parent/Guardian of an Activity Leader or Scouter-In-Training that is under 18 years of age*

I understand that participation in Scouts Canada is voluntary, and involves a certain degree of risk when participating in some Scouting activities. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to become a member of Scouts Canada and participate fully in its activities.

Residents of all Provinces/Territories except Quebec: With Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Residents of Quebec: With Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the Civil Code of Quebec. I understand that I will be notified by the quickest means possible if this authority is exercised.

**X** \_\_\_\_\_  
Signature of Applicant Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date (mm/dd/yyyy)

Appointment Approval  
of Adult Volunteer:

\_\_\_\_\_  
Council / Area or Group Commissioner's Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date (mm/dd/yyyy)

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