



**APPLICATION FOR MEMBERSHIP AND APPOINTMENT OF VOLUNTEERS**

This form is to be filled out by an adult volunteer or the parent/guardian of a youth Scouter with the role of Activity Scouter 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 Scouter, 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 Scouter 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*. By completing this form, you acknowledge and agree to the use of your personal information as described by the Scouts Canada Privacy Statement at [myscouts.ca/ca/content/privacy-statement](http://myscouts.ca/ca/content/privacy-statement).

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

- Beaver Scouts (5-7)
- Cub Scouts (8-10)
- Scouts (11-14)
- Venturer Scouts (14-17)
- Rover Scouts (18-26)
- Group Committee

- SCOUTSAbout Jr. (5-7)
- SCOUTSAbout Sr. (8-10)
- Extreme Adventure (14-17)
- Schools and Scouting
- Other: \_\_\_\_\_

**SCOUTING ROLE:**

- Section Scouter
- Assistant Scouter
- Other \_\_\_\_\_

**Youth Leadership Roles**

- Activity Scouter (14-15)
- Scouter-In-Training (16-17)

**MEMBERSHIP INFORMATION:**

- New Member     Returning Member

Salutation: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Gender:     Male     Female

Daytime Ph. #: \_\_\_\_\_  
 Evening Ph. #: \_\_\_\_\_  
 Other Ph. #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
*This email will be used as a user name in myscouts.ca if over 18 years of age*

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov/Terr: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Swimming Abilities:     Non Swimmer     Swimmer    Preferred Language (English or French): \_\_\_\_\_

Are there any family circumstances, cultural or faith requirements of which the scouter 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 Scouter use this section to enter parent/guardian information and alternate emergency contact. Email is only for the parent/guardian of a youth Scouter.*

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 the parent/guardian's user name in myscouts.ca if participant is under 18 years of age.*

**INFORMATION FOR MEDICAL EMERGENCIES:**

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

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

Insurance Coverage Held (Voluntary in some provinces and territories):     Yes     No

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

Does the applicant have any allergies?     Yes     No    If yes, provide details below indicating severity (mild, severe, life threatening):  
 \_\_\_\_\_  
 \_\_\_\_\_

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has below.  
 \_\_\_\_\_  
 \_\_\_\_\_

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



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

**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 [myscouts.ca/ca/content/privacy-statement](http://myscouts.ca/ca/content/privacy-statement) before making your choices. Throughout the Scouting year, Scouters, 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.

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

**PERSONAL REFERENCES (only for new applicants and new youth leadership roles):**

Please provide five references including: an employer; a youth-serving organization; and those who can attest to your character (maximum of one family member permissible). If an employer or volunteer organization is not possible, please include more character references. We will contact references until three have been completed. Email is a required field and please ensure e-mail address is correct and legible.

Reference 1 Name: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
 Email\* (required): \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
 Email\* (required): \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference 3 Name: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
 Email\* (required): \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference 4 Name: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
 Email\* (required): \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference 5 Name: \_\_\_\_\_ Evening Ph. #: \_\_\_\_\_ Other Ph. #: \_\_\_\_\_  
 Email\* (required): \_\_\_\_\_ Relationship: \_\_\_\_\_

**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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print) (mm / dd / yyyy)

Adult Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print) (mm / dd / yyyy)

**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 or I will have, read, understood, agreed to and signed the Code of Conduct, and I will abide by the Code of Conduct as a condition of membership.
- 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 [scouts.ca](http://scouts.ca)).
- 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 Scouter 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:**

\_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Date (mm/dd/yyyy)  
 Council / Area or Group Commissioner's Signature

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