



Adult Member Application

A1

V20211206

This form is to be used to register any Adult Member of the Association. This includes Rovers, and 18+ year old Venturers.
Please ensure all 3 pages are completed and submitted upon application. If the form is not submitted complete it may returned or held which will slow down the processing of the application.

PLEASE TYPE INFORMATION OR PRINT CLEARLY

First Name		Middle Name	
Surname		Preferred Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Home Address			
Suburb		Postcode	
Postal Address			
Suburb		Post code	
Main Phone		Other Phone	
Email Address			
Country of Birth		Occupation	
Are you of Aboriginal or Torres Strait Islander origin?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is English the primary language spoken at your home?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you decide to be an Adult Member because of the Leaderbuild program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

I apply for appointment as: (Tick (✓) appropriate appointment(s) from the list below)					
<input type="checkbox"/>	Joey Scout Leader	<input type="checkbox"/>	Assistant Joey Scout Leader		
<input type="checkbox"/>	Cub Scout Leader	<input type="checkbox"/>	Assistant Cub Scout Leader		
<input type="checkbox"/>	Scout Leader	<input type="checkbox"/>	Assistant Scout Leader		
<input type="checkbox"/>	Venturer Scout Leader	<input type="checkbox"/>	Assistant Venturer Scout Leader		
<input type="checkbox"/>	Rover Scout	<input type="checkbox"/>	Rover Adviser		
<input type="checkbox"/>	Fellowship Member				
<input type="checkbox"/>	Committee Member	Chairperson <input type="checkbox"/>	Secretary <input type="checkbox"/>	Treasurer <input type="checkbox"/>	Group Membership Officer <input type="checkbox"/> Quartermaster <input type="checkbox"/>
<input type="checkbox"/>	Adult Helper	Section: _____			
<input type="checkbox"/>	Group Leader	<input type="checkbox"/>	Assistant Group Leader		
Formation (Scout Group)					
Start date of appointment:					

Previous Scouting Service: If you have had any previous time in Scouting please list your last role so we can obtain your records.

Last Appointment	Group/ District/ Region/ Branch/ Other	Dates

Three Referees: Please list here 3 people whom you are personally know so they can be contacted. Your Formation (Group) Leader will contact these people to assess your suitability to work in a volunteer organisation or to work with children.

Name	Email Address	Contact Phone Number

Do you require a WWCC (Working With Children Check) for your current employment or any other Volunteer work? (Tick Yes/No in boxes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Which Employer/Volunteer organisation		

Agreement and Authority:

Purpose, Principles and Method

Scouting provides young Australians of all ages, genders, and abilities, with challenging and adventurous opportunities so they may grow and develop in the five areas of personal growth outlined in the Purpose of Scouting.

The Purpose and Principles of Australian Scouting are located at <https://scoutswa.com.au/what-is-scouting/purpose-goals-values/>. The principal methods used by the Association to achieve the purpose of Scouting are located at <https://scoutswa.com.au/what-is-scouting/scout-method/>

Scouts WA Mutual Agreement

If this application is approved and the applicant becomes a member of Scouts WA, that member and Scouts WA are deemed to have entered into a Mutual Agreement. This document indicates the things that the member can expect from the association and the things the association expects in return. The Mutual Agreement is located at <https://scoutswa.com.au/what-is-scouting/code-of-ethics-and-conduct-and-mutual-agreement/>

Please note failure to comply with policy and procedures in their entirety (including reporting) will result in immediate investigation, and if breach proven, dismissal.

Code of Ethics and Conduct

Adults in Scouting are expected to comply with the Code of Ethics and Conduct that outline the expectations of behavior of adults in the association.

This Code of Ethics and Conduct is a personal commitment. Its purpose is to protect all members of Scouting. It applies to all Members over the age of 18, regardless of location and role, when engaging with young people and adults in any form. This includes face to face and using technology such as online formats. Parents and guardians who wish to actively participate in Scouting must also follow this code.

The Code of Ethics and Conduct is located at <https://scoutswa.com.au/what-is-scouting/code-of-ethics-and-conduct-and-mutual-agreement/>

Working With Children Check Card

There are strict criteria for membership in Western Australia Legislation for Adult Volunteers working with Children. Scouts WA supports and complies with this legislation. An Adult may commence as a Volunteer or as a Staff Member whilst waiting for the WWCC.

A person applying for membership as either an Adult Leader, Adult in Youth Program (Rover/Venturer), or an Adult Helper must hold a current Working With Children Check (WWCC) Card. This requirement complies with State legislation. A person applying for a Fellowship appointment may be required by legislation to hold a WWCC Card subject to the role the adult may be required to perform. For more information contact Scouts WA Admin Office on 6240 7770.

A copy of the receipt of your application for a WWCC Card, or a copy of your WWCC card is required to be attached to this form. You must complete the WWCC section to enable the application to be processed.

Nationally Coordinated Criminal History Check (Police Check)

A person applying for membership as an Adult Member is required to undertake a mandatory Nationally Coordinated Criminal History Check (also referred to as a National Police Check) prior to commencing activities in Scouts WA.

Scouts WA has engaged Veritas Check to provide assistance in the submission of police checks for Adult Members of Scouts WA. As part of this, applicants will receive an email from Veritas Check asking them to complete an online application for a Police Check. This process usually takes less than 10 minutes and can be completed on a mobile device. Both the applicant and Scouts WA will receive an electronic copy of the police check results.

Veritas Check is an accredited body authorised by the Australian Criminal Intelligence Commission (ACIC) with direct access to the National Police Checking Service. **By submitting this form, you give consent:**

- to Scouts WA and Veritas Check to use and disclose your personal information that you have provided in this form and any personal information contained in your supplied identity documents to conduct a nationally coordinated criminal history check;
- to Veritas Check to disclose your nationally coordinated criminal history check to Scouts WA to assess your suitability for membership.

Scouts WA Privacy Policy

Personal information that we collect about you is primarily for the purpose of considering your application for membership of Scouts WA. This information will be treated strictly in accordance with Scouts WA Privacy Policy. A copy of that Privacy Policy is located at <https://scoutswa.com.au/wp-content/uploads/2019/07/Scouts-WA-Privacy-Policy.pdf>. At any time upon request, you may gain access to the information Scouts WA holds about you in accordance with the *Privacy Act 1988 (Cwth)* and the National Privacy Principles. Scouts WA will search other databases for information connected with this application.

Scouts WA Liability Statement Waiver

In consideration for being allowed to enter and participate in any activity or program at any place or site where any Scouts WA activity or program is conducted, the undersigned (Member) has read and agrees to the terms of the Scouts WA Liability Statement (Waiver) located at <https://scoutswa.com.au/wp-content/uploads/2019/11/Scouts-WA-Liability-Statement.pdf>

Medical Authority

I authorise any Member, employee or agent of Scouts WA in the event of any accident or illness, to obtain medical assistance or treatment for me as may be considered necessary. This includes to engage any doctors' or nurses' assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay Scouts WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses.

Statement of Consent and Indemnity:

I authorise Scouts WA to utilise my Volunteer National Police Clearance or National Police Certificate in assessment of my Application for Adult Membership, in conjunction with my declarations below and agree that it may maintain a copy of this Certificate if deemed necessary.

Have you ever been found guilty of an offence of any sexual nature committed in Australia or any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been charged, reported, or defended in a court of law any allegation of sexual abuse, assault, or a sexual offence of any kind in Australia or in another country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been (or are currently) subject to any restrictions regarding your contact with children in any employment, volunteer, or personal capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed or resigned as a volunteer or employee (or reported by any authority) for improper conduct relating to children in any jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been named as the defendant in an Intervention Order, Restraining Order, Apprehended Violence Order, or Domestic Violence Restraining Order, or equivalent, in any jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered "yes" to any of the questions above, please provide a summary of the circumstances surrounding the situation with your application. This should include dates and, where applicable, the reasons for the decision, conditions of employment, offence type and date, the court in which the matter was heard, and the status of any proceedings. Place this in a sealed envelope marked "confidential" and attach it to your completed Membership Application form addressed to "Executive Manager". Scouts WA reserves the unfettered right to accept or reject your application per its Child Protection Policy.		
You commit to advise Scouts WA if you are ever approached by authorities in relation to improper conduct relating to children, assault, or any sexual offence by you, whilst you are a member.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant Signature:

I have a copy of, have read and I understand the Scouts Purpose, Principles and Method.
 I have a copy of, have read and I understand the Scouts Code of Ethics and Conduct and agree to adhere to them at all times.
 I have a copy of, have read, understood and agree to the Scouts WA Mutual Agreement, the Scouts WA Privacy Policy, the Scouts WA Liability Statement Waiver and the Medical Authority.
 I confirm I have had the content of *The Scouts Australia Child Protection Policy with Scouts WA Framework* and *The Royal Commission into Institutional Response to Child Sexual Abuse 'Creating Child Safe Institutions' paper* discussed with me by my Formation Leader and I am aware of and understand their contents.

I commit to providing information to Veritas Check to allow a Nationally Coordinated Criminal History Check to be run for me.

Signature		Date	
Printed Name			

Group Leader Signature: (or District Commissioner for Group Leader and Assistant Group Leader appointments)

I have checked the references of the above applicant and agree based on the information provided they are a suitable person to join Scouts WA.
 I confirm I have discussed the content of *The Scouts Australia Child Protection Policy with Scouts WA Framework* and *The Royal Commission into Institutional Response to Child Sexual Abuse 'Creating Child Safe Institutions' paper* with the applicant above and I am confident that person is aware of and understands their contents
 I am satisfied that all induction processes relating to Adult Membership have been carried out.

Signature		Date	
Printed Name			
Appointment		Formation/Group	

Regional Chief Commissioner Signature: (only required for Group Leader, District Commissioner appointments)

Signature		Date	
Printed Name			
Appointment		Formation/Group	