



DETAILS OF APPLICANT:

Full Names & Surname:

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

Name known by:

Identity / Passport Number: Date of Birth:

Cell No:

Email Address:

Physical Address:

Code:

Appointed Role at Event:

Appointed Role in Group/District/Region:

Appointed Role as International Visitor:

Start date of Membership: End date of Membership:

Name of Scouter in Charge:

Contact No: Warrant No:

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 incurred whilst engaged in any Scouting activity or event howsoever arising and whether as a result of negligence or otherwise and I indemnify SCOUTS South Africa against all such claims, which indemnification is binding upon my descendants and my estate.

AS AN AFFILIATE MEMBER OF SCOUTS SOUTH AFRICA:

- I accept the values of Scouting as set out in the Aim, Principles and Method.
- I agree not to promote any beliefs, behaviours, or practices, which are not compatible with the values of Scouting.
- I have received an electronic copy of and will abide by the SSA Member Code of Conduct and Child Protection Policies of SCOUTS South Africa.
- I accept that Scouting is a uniformed organisation.
- I have not been convicted nor am awaiting trial for any offences involving children and undertake to uphold and abide by the SSA Child Protection Policy.
- I understand that SSA could ask me to provide a Criminal Clearance Certificate.
- I understand that anything I do with young people must try to help them achieve the Aim of Scouting.
- I am prepared to uphold the Scout Promise.



- I agree and authorise that photos, statements, audio, visual recordings, video and sound bites taken, recorded and collected from me during activities with SSA may be used free of charge and at the discretion of SSA as part of their marketing, communication and fundraising campaigns.
- I confirm that I have read and fully understand the Safe Scouting Policy.
- I confirm that safety for all is a priority, and I will attend the 'Safe From Harm' briefing held at the beginning of the event.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature:

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AFFILIATE MEMBERSHIP

VALIDITY OF AFFILIATE MEMBERSHIP:

This Affiliate Membership is valid from

D	D	M	M	Y	Y	Y	Y
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 until

D	D	M	M	Y	Y	Y	Y
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after which this Affiliate Membership will be terminated. This Affiliate Membership is specific to the event or role as stipulated in this document. This document remains the property of SCOUTS South Africa and must be returned by the Affiliate Member on request.

Date:

D	D	M	M	Y	Y	Y	Y
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Name of Scouter:

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Signed:

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Role in SSA:

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