



# SCOUTS ACT

The Scout Association of Australia  
Australian Capital Territory Branch Incorporated

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## APPLICATION FOR APPOINTMENT AS A YOUTH HELPER

### DETAILS OF APPLICANT

Surname	Given Names	M <input type="checkbox"/>	F <input type="checkbox"/>
Home Address	Post code	Phone	
If a Venturer or Rover Scout - Name of Unit or Crew	Date of Birth		

### YOUTH HELPER APPOINTMENT SOUGHT

Scout Group	Name of Mob, Pack, Troop or Unit			
<b>Tick appropriate box</b>	Joey Scout <input type="checkbox"/>	Cub Scout <input type="checkbox"/>	Scout <input type="checkbox"/>	Venturer Scout <input type="checkbox"/>

I understand and accept the Scout Promise and Law; the aims, principles and policies and the obligation to equip myself through training for the responsibilities I am undertaking.

I agree to abide by all policies and rules now in force or which may be issued by The Scout Association of Australia or the Australian Capital Territory Branch of the Association. I agree to return all Scout funds, property and books when I cease to perform the functions of a Youth Helper or when called on to do so by a competent authority.

I authorise the Association to make any enquiries it sees fit as to my character background and suitability for appointment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

If Applicant is under 18 years, I agree to my son/daughter being appointed a Youth Helper

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Appointment recommended

Group Leader \_\_\_\_\_ Date \_\_\_\_\_

### Appointment endorsed

Region Commissioner \_\_\_\_\_ Date \_\_\_\_\_

ATTENDANCE AT A YOUTH LEADERSHIP PROGRAM IS COMPULSORY