



# SCOUTS ACT

The Scout Association of Australia  
Australian Capital Territory Branch Incorporated

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## APPLICATION FOR APPOINTMENT AS A CUB SCOUT INSTRUCTOR

### DETAILS OF APPLICANT

SURNAME	GIVEN NAMES	M	F
HOME ADDRESS	POST CODE	TELEPHONE	
IF YOU ARE A VENTURER, NAME OF UNIT	DATE OF BIRTH		

### APPOINTMENT SOUGHT

GROUP	DISTRICT	NAME OF SECTION
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I understand and accept the Scout Law and Promise; the aims, principles, religious policy 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 Cub Scout Instructor, or when called upon to do so by competent authority.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I agree to my son/daughter being appointed as a Cub Scout Instructor.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Appointment recommended

\_\_\_\_\_  
GROUP LEADER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DISTRICT COMMISSIONER

\_\_\_\_\_  
DATE

ATTENDANCE AT A YOUTH LEADERSHIP COURSE IS COMPULSORY