



SCOUTS ACT

The Scout Association of Australia
Australian Capital Territory Branch Incorporated

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APPLICATION FOR APPOINTMENT AS A JOEY SCOUT HELPER

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 Joey Scout Helper, 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 Joey Scout Helper.

SIGNATURE OF PARENT/GUARDIAN

DATE

Appointment recommended

GROUP LEADER

DATE

DISTRICT COMMISSIONER

DATE

ATTENDANCE AT A YOUTH LEADERSHIP COURSE IS COMPULSORY