Seychelles Scouts Association

Headquarters - Place de la Republique—Victoria—Mahe

Tel: (248) 422 58 86 / 2824380

E-mail: seyscouts@yahoo.com

Be Prepared

Adult Volunteer - Application Form

Name: **Occupation:**

Gender: Male ☐ **Female** ☐ **Age:** ☐ **D.O. B:** ☐

Contact details:

Residential Address:

Postal Address:

Email Address:

Telephone (Home): **Work:** **Mobile:**

Current Employer: **Previous Employer:**

Previous and current involvement in any youth groups:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Briefly explain why you have decided to volunteer in the Scout movement?

_____
_____
_____
_____
_____

Where have you heard about volunteering in scouting? (Tick where appropriate)

Local papers ☐ **Radio** ☐ **Word of mouth** ☐

Others (please specify) :

What kind of contribution or change can you bring to the Scout Movement?

_____
_____
_____
_____
_____

Kindly provide your CV highlighting your educational and employment background, interests and knowledge and skills.

Please note that in line with the Scouting 'Policy, Organisation & Rules (POR), so as to ensure the protections of all children and youth, all adult volunteers are subjected to a character check , which should be processed at your own expenses. This is also in line with other National Instruments and best practices.

Do you consent? **YES** ☐ **NO** ☐

_____ _____

Signature **Date**