



BRIDGETOWN DISTRICT SCOUT COUNCIL

APPLICATION FORM FOR ADULT LEADERSHIP

FULL NAME: DATE OF BIRTH:

OTHER NAMES KNOWN BY:

CURRENT ADDRESS:
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TEL. NO.: (H) (W) EMAIL:

MARITAL STATUS: SEX: RELIGION:

PROFESSION: HOBBIES:

SCOUTING EXPERIENCE:

REFERENCES: (1)

(2)

(3)

POSITION BEING SOUGHT: SCOUT GROUP:

I certify that the above information is true and correct. I accept the values of Scouting as set out in the Aim, Principles & Method and I am prepared to make the Scout Promise.

SIGNATURE OF APPLICANT: DATE:

RECOMMENDATION FROM LEADER-IN-CHARGE:

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SIGNATURE OF LEADER-IN-CHARGE: DATE:

FOR OFFICIAL USE

DATE OF INTERVIEW BY D.C.: TIME:

RESULT OF INTERVIEW:

RECOMMENDATION FROM D.C.:

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SIGNATURE OF D.C.: DATE: