



APPLICATION FOR NEW ADULT MEMBERSHIP BP SERVICE ASSOCIATION (BPSA)

Mr/Mrs/Ms _____
Last Name First Name(s)

Address: _____

City _____ Province _____ Postal Code _____

Date of Birth ___/___/___ (D/M/Y) Email(s) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Adult service in Scouting / Guiding:

Dates (yr) – (yr)	No. of Years	Group	Role	City	Province

Scouting awards and decorations received

Record of Training

I hereby apply to be a member in the BP Service Association and to participate fully in all activities.

[] I confirm that I have received a copy of, have read, understand and agree to abide by the Association's
initial Child Protection Policy

I agree to uphold and abide by the Policy, Organization and Rules (PO&R) of the BP Service Association.

I release the BP Service Association and its Leaders, Directors and Officers of any responsibility or liability for any injury or damage to person or property whatsoever sustained in connection with its activities.

I hereby grant the BP Service Association permission to use my image in all publications, both print and electronic, and display on the Association's websites. I also give permission for the BP Service Association to give this image to a reputable third party, when requested, for both print and electronic publications.

Applicant's Signature _____ Date _____ Group _____

I certify that I am in good health and physical condition, except that:
 (leave blank if you are in good health and condition) _____
 (Please complete the Medical Information Form)

Are there any medical, dietary, family circumstances, or religious requirements of which we should be aware?
 YES [] NO [] If yes, the leader will arrange a confidential private interview.

All volunteer applicants must provide four character references
These references must have personally known you for a minimum of three years.
Family members are not permitted as references
Please complete the following :

Name:	How long have you known them?	Relationship:	Phone Number:

Please remember, you will be dealing with other people's children.
 Their safety and well-being must come first.

Application checklist:

[] I have submitted my police record check to the group.

[] I confirm that I have received a copy of, have read, understand and agree to abide by the Association's Child Protection Policy

Date: _____ Signature: _____

On behalf of the Group/Council, I have reviewed the interview and references as recorded on this form. I recommend the acceptance for membership of the named applicant as: (write in the appropriate position) _____

Signed on behalf of the Group/Council: _____ Date _____