



BARBADOS BOY SCOUTS ASSOCIATION

VOLUNTEER APPLICATION FORM

FULL NAME:

OTHER NAMES KNOWN BY:

CURRENT ADDRESS:

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TEL.#: (H) (W) (C) EMAIL:

B.N. ID#: SEX: PROFESSION:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE: YES/NO IF YES, DETAILS:

DO YOU HAVE ANY CRIMINAL MATTERS BEFORE THE COURT: YES/NO IF YES, DETAILS:

NEXT-OF-KIN

In case of emergency, please contact:

NAME: TEL.#: (H) (W)

ADDRESS: (C)

MEDICAL INFORMATION

DO YOU HAVE OR ARE SUBJECT TO ANY MEDICAL CONDITIONS: YES/NO IF YES, DETAILS:

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REFERENCES

NAME: TEL.#: (H) (W)

ADDRESS: (C)

NAME: TEL.#: (H) (W)

ADDRESS: (C)

DECLARATION

I certify that the above information is true and correct. I understand that member(s) of the Vetting Committee of the Barbados Boy Scouts Association will examine my application which will include but not be limited to contacting the references I have provided.

I understand that I may be required to sign non-disclosure and/or property rights agreement(s) pertaining to my volunteer duties.

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Applicant

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Date