



Nine Ashes Activity Centre and Campsite Service Team Application Form

Forenames : _____ Surname : _____

Date of Birth : _____

Address : _____

Post Code : _____

Home Telephone : _____ Mobile : _____

Email Address : _____

Next of Kin : _____ Relationship : _____

Address as above : Yes / No If Not : _____

Next of Kin Address : _____

Emergency Contact Number (s) : _____

Please list any illness/allergies/disability that you may suffer from:

Please list any activity qualifications you have gained and attach photocopies of the original certificate / Permit:
Please also attach a copy of your driving licence if you have one in order to be considered to drive site vehicles.

Are you a member of the Scout Association ? Yes / No

Membership Number : _____

Position : _____ Group /District : _____

If you are not already a member of the Scout Association you will be required to join the Scout Active Support Unit, complete a CRB check and pay annual membership fees – Do you agree to this - Yes / No

I would particularly like to volunteer in the following areas at Nine Ashes (tick **all** relevant boxes)

Grounds & Site	<input type="checkbox"/>	Activity Instruction	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Assistant Duty Warden	<input type="checkbox"/>
Summer Weeks	<input type="checkbox"/>	Staff Large Events	<input type="checkbox"/>	Other (please List)	_____		<input type="checkbox"/>

I have read and agree to abide by the associated rules and policies of Nine Ashes Activity Centre. I wish to apply for membership and accept my details will be held on a database for membership administration purposes.

Signature of prospective member: _____ Date: _____

Before returning this form, please check the following:
1. It has been signed .
2. Copies of all relevant qualifications.
3. A passport photo is attached

Return this form to:
Nine Ashes Scout Activity Centre
Washaway
Bodmin
Cornwall
PL30 3AD
Or email – warden@nineashes.com

Please staple a passport sized photo here