GIRL GUIDES AUSTRALIA VICTORIA

Girl Guides Victoria

Confidential ADULT Membership

Application Form 2016

Please PRINT clearly

Office Use Only
ID:_____
Date:_____
Paid:_____
TA: __ __ __ __ __ __
By: _____

APPLICANT'S NAME	First Name: _____ Surname: _____ Preferred Name: _____ D.O.B.: ___/___/___ Guiding Name: _____
POSTAL ADDRESS	Address: _____ Suburb: _____ State: _____ Postcode: __ __ __ __ Home Phone: (__ __) __ __ __ __-__ __ __ __ Silent: ☐ Yes ☐ No Mobile: __ __ __ __ __ __ __ __ __ __ Email: _____
CULTURAL BACKGROUND	Were you born in Australia?: ____ If not, in which country were you born?: _____ Is English the primary language spoken at home?: ___ If not, what is the primary language?: _____ Do you identify as Aboriginal or Torres Strait Islander: ☐ Yes ☐ No
QUALIFICATIONS	Occupation: _____ Qualifications (non-Guiding): _____
UNIT DETAILS	Unit Name: _____ Age Group: _____ District: _____ Region: _____

MEMBER TYPE	**FULL FINANCIAL MEMBERS**
ADULT VOLUNTEERS	☐ I am working with a Unit ☐ I am working with a District *Leader or Manager roles in Guiding require additional forms. Please contact your District or Region Manager for further information and support.*
OLAVE (18-29 years)	☐ Individual Olave OR ☐ Peer Group: _____
	NON FEE PAYING MEMBERS
SUPPORT VOLUNTEERS	☐ Unit Volunteer ☐ Unit Treasurer ☐ Support Group President ☐ SG Secretary ☐ SG Treasurer ☐ SG Member

WORKING WITH CHILDREN CHECK	☐ I have enclosed a copy of my Working With Children Card ☐ Working With Children Receipt No if not finalized __ __ __ __ __ __ __ __
POLICE CHECK	☐ I have enclosed a copy of my Police Check clearance Certificate ☐ I have completed and enclosed a Girl Guides Victoria Fit2work application form
VICTORIAN INSTITUTE OF TEACHING	☐ I have enclosed a copy of my Victorian Institute of Teaching Registration Card *Current holders of a VIT card are exempt from WWCC & PC*

Girl Guides Victoria, PO Box 827 SOUTH MELBOURNE VIC 3205
Phone: 8606 3500 **Fax:** 9699 6277 **E-mail**: volunteer@guidesvic.org.au **ABN:** 59 533 729 847

EMERGENCY CONTACT DETAILS	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: (__ __) __ __ __ __ - __ __ __ __	Home Phone: (__ __) __ __ __ __ - __ __ __ __
Mobile: __ __ __ __ __ __ __ __ __ __	Mobile: __ __ __ __ __ __ __ __ __ __

FAMILY LINKS	Do you have a daughter, sibling or parent in the Girl Guides? Member Number : __ __ __ __ __ __ Relationship to you: _____ Member Number : __ __ __ __ __ __ Relationship to you: _____ Member Number : __ __ __ __ __ __ Relationship to you: _____

PROTECTION OF YOUR PRIVACY

In accordance with The Privacy Amendment (Private Sector) Act 2000, information supplied will be treated in confidence by Girl Guides Victoria and used only for the operations of the Association.

CODE OF CONDUCT

This Code of Conduct sets the standards of behaviour expected of all adults participating in Girl Guiding in Australia. It is designed to ensure that all adult members, volunteers and employees of Girl Guides Australia (GGA) and State Girl Guide Organisations are aware of their obligations and responsibilities.

As an adult involved in Girl Guiding in Australia you should adhere to this Code of Conduct.

- Behave in the spirit of The Girl Guide Promise and Law.
- Adhere to GGA and the relevant State Girl Guide Organisation's policies and procedures.
- Treat others fairly, knowing that GGA and State Girl Guide Organisations do not tolerate unlawful discrimination on the basis of age, gender, marital status, national or ethnic beliefs, social background or health.
- Create an environment in which girls and adults are safe from emotional, physical, verbal and sexual abuse.
- Respect other's rights to privacy and confidentiality of their personal information.
- Fulfil the roles and responsibilities as stated in your position description (where applicable) and act within the limitations of your authority in performing your duties.
- Represent Girl Guiding in the community in a positive light.

GGA and State Girl Guide Organisations reserve the right to take action regarding any breach of the Code of Conduct.

DECLARATION

For all Adults

- I agree to have a Police Check every five years and to maintain my Working With Children Check
- I agree to abide by the Code of Conduct *(as above)*
- I am willing to undertake the Online Induction Module

Additionally for full financial members

- I agree to pay my annual Girl Guides membership subscription
- I am willing to undertake the necessary training for my role.

SIGNATURE

Applicant	_____ Name (Please Print)	_____ Signature	__ __ / __ __ / __ __ Date

PAYMENT DETAILS

Applicant's Name: _____

MEMBERSHIP FEES

Membership fees are **$75.00** per year (1 June to 31 May)

A pro rata fee of **$6.25** per month is applicable for people joining in interim months.

Month Joining	Fee	Month Joining	Fee
January	$ 25.00	July	$ 62.50
February	$ 18.75	August	$ 56.25
March	$ 12.50	September	$ 50.00
April	$ 81.25*	October	$ 43.75
May	$ 75.00	November	$ 37.50
June	$ 68.75	December	$ 31.25

**Payment for 13 months*

PAYMENT METHOD

Payment Amount:: $ _____

☐ Visa Card ☐ Mastercard

Card Number: ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ Expiry Date: ___ ___ / ___ ___

Cardholder's Name: _____

Cardholder's Signature: _____

RECEIPT

A receipt will be available on your profile two days after payment has been processed.

RETURN COMPLETED FORM TO:

Please return the completed form and payment to:
Girl Guides Victoria, PO Box 827, South Melbourne, Vic, 3205.
Phone: (03) 8606 3500 **Fax:** (03) 9699 6277
Email: membership@guidesvic.org.au
ABN: 59 533 729 847