

774-1 Eunpyeong-ri So-Myeon, Suncheon City JeollaNamdo, South Korea Tel: +82 2 6335 2000

Fax: +82 2 6335 2020 International@scout.or.kr

Application for Short Term Staff

Section 1: Personal Details

Address:					Photograph
Country:			Postcode:		
Town:					
Telephone Day:		Evening			
Date of birth:		National	ity:		
Email address:					
Profession:		Sco	ut / Guide role:		
Nat. Association regist	ered with:				
Section 2: Dates	for which yo	u would like to app	y:		
Please lick life season	•				
1 st Term 2012 The dates for these segive the dates you are	asons are sh	2 nd Term 2012 own below. If the d	ates you are av		ame, please
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Section 4: Work Skills

he staff team at Suncher		ou have that you feel would r Scout Center. (You must giv	•		
supporting documents.)	OIT ASIA-T ACITIC C	ocodi Center. (Tod mast gr	ve more detai	i iii youi	
Where did you hear abou	ut the Center?				
ection 5: To be comple	eted by all appli	cants			
agree to follow and work	k towards improv	the short term staff at Sunch ving the 'Spirit of Suncheon', e Center's rules. I enclose	to prepare m	yself	
Personal profile	□ Internat	tional Letter of Introduction		Reference(s)	
Medical certificate	□ Copies	of certificates etc.		Photograph	
Signature:		Date:	Place	e:	
ection 6: To be comple	eted by National	l Headquarters			
On behalf of the				(Association)	
	· ·	ame IC) confirm that			
		ociation and, to the best of or s for which he / she has app	_	, is capable of	
I declare to the best of n	my knowledge that th	e applicant does not have a criminal	record and treats	the vouth members	
espectfully.	,			,	
Signature:		Date:	Plac	e·	
Comments:					
ection 7: For office use	e				



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Medical Certificate for Short Term Staff

Section 1: Personal Details (of the examined person)

	First name(s):
Address:	
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Country:	Postcode:
Town:	Telephone:
Date of birth:	
Section 2: Questions	
1. In your opinion, is the above named physically and mentally able to do	strenuous work for 3 months?
	YES / NO
2. In your opinion, is the above named physically and mentally able to lea	d hikes on a regular basis?
	YES / NO
2. Dogs the should period house only physical or montal deficiency that are	uld influence the persons of iller
3. Does the above named have any physical or mental deficiency that co	YES / NO
to work here at Suncheon Asia-Pacific Scout Center?	YES / NO
4. If question 3 is answered with a YES, please give more details:	
Does the above named take any regular medication? If YES	
Section 3: Signature	
I,(name) confirm that	,
I,(name) confirm thatwas examined by myself today, and that the physical and mental state of	the above named on that date is
I,(name) confirm thatwas examined by myself today, and that the physical and mental state of reflected in Section 2 of this form. To the best of my knowledge, this pe	the above named on that date is son is capable of fulfilling the
I,(name) confirm thatwas examined by myself today, and that the physical and mental state of reflected in Section 2 of this form. To the best of my knowledge, this pe	the above named on that date is son is capable of fulfilling the
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