

## Youth Volunteer Affidavit and Application

District 5300 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and any other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
How long at this address? (If less than five years, please list prior residence(s) on the back of this sheet.) \_\_\_\_\_  
Social Security Number: (required) \_\_\_\_\_  
Are you a member of a Rotary club? Yes No  
If yes, please give club name and year joined: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Have you held a youth program position in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what position(s) and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY (10 years – please attach additional sheets, if necessary)

Current Employer:  
Address/City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Position: \_\_\_\_\_  
How long with this company? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Previous Employer:  
Address/City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Position: \_\_\_\_\_  
How long with this company? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Previous Employer:  
Address/City/State/Zip: \_\_\_\_\_

Telephone:  
How long with this company?

Position:  
Supervisor's Name:

**VOLUNTEER HISTORY WITH YOUTH** (please attach additional sheets, if necessary)

Organization Name:  
Address/City/State/Zip:

Telephone:  
Dates:

Position:  
Director's Name:

Organization Name:  
Address/City/State/Zip:

Telephone:  
Dates Held:

Position:  
Director's Name:

Organization Name:  
Address/City/State/Zip:

Telephone:  
Dates Held:

Position:  
Director's Name:

**PERSONAL REFERENCES** (not relatives and other more than one current Rotarian)

1. Name:  
Address/City/State/Zip:  
Telephone:  
Relationship: \_\_\_\_\_

2. Name:  
Address/City/State/Zip:  
Telephone:  
Relationship: \_\_\_\_\_

3. Name:  
Address/City/State/Zip:  
Telephone:  
Relationship: \_\_\_\_\_

**QUALIFICATIONS AND TRAINING** What qualifications and/or training do you have relevant to Youth Exchange or this position working with youth? Please describe in full.

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**CRIMINAL HISTORY**

1. Have you ever been convicted of or plead guilty to any crime(s)?      yes      no

2. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order?      yes      no

If yes, describe in full. Also indicate dates(s) of crime(s) and in which country and state each took place. (Attach a separate sheet if needed)

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***WAIVER/CONSENT/RELEASE*** I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the District 5300 Youth program. I further certify that I understand that District 5300 Youth program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person. I hereby give my permission for District 5300 to investigate, verify and obtain information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the District 5300 youth programs. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I dispute the record as received. I specifically acknowledge that the District 5300 youth programs or its affiliates will inquire about, and I authorize them to verify, my prior employment, experience, personal references, background, including criminal background checks which may contain arrest and conviction data. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved the District 5300 youth programs, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the youth programs, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and District 5300, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnitees, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit. I further agree to

conform to the rules, regulations, and policies of Rotary International, the District 5300 youth program and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the District 5300 Youth program or its affiliates, or at my option. I understand and agree that the District 5300 youth program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

***I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.***

Signature of Applicant \_\_\_\_\_

Please Print Name \_\_\_\_\_

Date \_\_\_\_\_

received by \_\_\_\_\_

date \_\_\_\_\_

reviewed by \_\_\_\_\_

date \_\_\_\_\_