



How long at this address: \_\_\_\_\_ (yrs) List all other states/countries you have resided in: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address: \_\_\_\_\_

I am a member of \_\_\_\_\_ (Rotary Club)

**Criminal History**

Have you ever been convicted of or pled guilty to any crime(s)?  Yes  No

Have you ever been subject to any court order involving 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 date(s) of crime(s) and in which county and state each took place.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver/Consent/Release**

I certify that all of the statements in this affidavit 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 further certify that I understand that the intent of this process is to deny a position to anyone convicted of an offense in which children, elderly or at risk persons were victims, or which indicate patterns of behavior which may pose a risk to those individuals.

I acknowledge that District 5440 may, at its discretion, make inquiries of law enforcement institutions or initiate investigations by private persons for the purpose of verifying information supplied by me or to obtain additional information, including searches of law enforcement and published records. I hereby authorize all criminal justice agencies to furnish and release all criminal history record information or confirm that no criminal history record information exists concerning the undersigned.

I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, contract background security agencies, security company personnel, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury or death, 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, District 5440 and its affiliates, and understand that my participation can be modified or terminated, with or without notice or cause, at any time, at the option of either the District 5440 or its affiliates, or at my option. I understand and agree that District 5440 or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

I direct that any criminal history record information be sent to:

**Raymond Leaycraft**

1170 Fairway Club Cr. #1

Estes Park, CO 80517

(W) 970-586-4407

(H) 970-586-8599

[rri@insurance-associates.com](mailto:rri@insurance-associates.com)

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_