

APPENDIX B
ROTARY CLUB OF NORFOLK SUNRISE
VOLUNTEER ASSESSMENT FORM

Policy Statement:

It is the responsibility of every Rotarian to safeguard the welfare of every person with whom they come in contact during their activities as a Rotarian. Special attention is to be given to children, the elderly, the disabled and other vulnerable persons. This includes the prevention of physical, sexual or emotional abuse.

Note: items marked “” need not be completed on this form where Youth Exchange Host Family Application form (available in the Youth Exchange Handbook and at www.rotary.org) is attached.*

Name: _____

*Address: _____

*Telephone Number: _____

*E-mail Address: _____

Date of Birth: _____

Member of Rotary since: (if applicable) _____

*List all other persons living in your home (names, ages, relationship to you):

Previous Experience working with children, elderly or disabled people: (provide details, including whether family members or not)

Details of relevant/helpful qualifications & training: (self and other persons living in home)

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*Three Personal References who may be contacted in conducting this Assessment:
(name, address, telephone number and relationship for each)

Declarations:

Answering truthfully, and to the best of your knowledge:

Have you or anyone living with you ever been convicted of an offense in which children, young people, elderly or other vulnerable people were victims, or which involved activities of a sexual nature? If so, please provide details of all such offenses.

Are you prohibited by any Court Order, agreement, or Bond from associating with or contacting any person? If so, please provide details.

Do you have a driver's license that is valid in the Province of Ontario, and automobile liability insurance coverage? _____

The information contained in this Volunteer Assessment Form is true and accurate to the best of my knowledge. I understand that this form may be used solely for the purpose of Rotary programs and may be shared with the Rotary District 7090 Abuse Prevention Committee if needed in order to meet the intended needs of the RCNS Abuse, Neglect and Harassment Protocol.

Dated at _____, this ____ day of _____, 20____

Signature of Volunteer

Recommendation for Approval by _____, dated _____

This information will be maintained by the Secretary of the Rotary Club of Norfolk Sunrise and not used to discriminate unfairly. It is required to protect those individuals who participate in Rotary programs and activities and will not be used for any other purpose.

The RCNS Abuse, Neglect and Harassment Protocol is available upon request.