

## **Rotary District 5510 Youth Volunteer Affidavit**

District 5510 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.

| <b>PERSONAL INFORM</b> Full Name (include mid |                        |   |  |
|---|------------------------|---|--|
|   |                        |   |  |
| City:   | State/Province:        | Zip/Postal Code:  |  |
| Home Phone:                                   |                        | Email:  |  |
| Business Phone:                               |                        | Fax:  |  |
| Date of Birth:                                |                        | Country of Birth:   |  |
| How long at this address                      | ss? (If less than five | years, please list prior residence(s) on the back of this sheet.) |  |
| Social Security Number                        | r:                     |   |  |
| Are you a member of a                         | Rotary club? Yes       | No If yes, which District?  |  |
| If yes, please give club                      | name and year joined:  |   |  |
| Position Applied for:                         |                        |   |  |
|   |                        | Yes No  |  |
| If yes, what position ar                      | nd when?               |   |  |
|   |                        | rs – please attach additional sheets, if necessary)               |  |
| Organization Name:                            |                        |   |  |
| Address/City/State/Zip:                       | :                      |   |  |
| Telephone:                                    |                        | Position:   |  |
| Dates Held:                                   |                        | Director's Name:  |  |
| Previous Organization:                        |                        |   |  |
| Address/City/State/Zip:                       | :                      |   |  |
| Telephone:                                    |                        | Position:   |  |
| Dates Held:                                   |                        | Director's Name:  |  |

| 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, on number one or two above, 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)   |
|  |
| 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 5510 Youth program or its affiliates. I further certify that I understand that District 5510 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 5510 Youth Committees 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 5510 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 further agree to conform to the rules, regulations, and policies of Rotary International, the District 5510 Youth programs 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  |

District 5510 Youth programs 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 5510 Youth programs or its affiliates, or at my option. I understand and agree that the District 5510 Youth programs 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 |
|------------------------|-------------------|------|