**Rotary International District 6510 strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians’ spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual, , or emotional abuse of children, elderly, disabled and other vulnerable persons with whom they come in contact.**

 **PERSONAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name, First:** |  | **Middle Initial:** |  | **Last:**  |  |
| **Date of Birth:** |  | **SSN:**  |  | **Gender: [ ]  Male [ ]  Female** |
| **Maiden Name:**  |  | **Other Names:** |  |
| **Address:** |  | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **How long have you lived at this address?**  (If fewer than 5 years, list previous residences in an attachment) |
| **Phone:** |  | **Email:** |  |

CONSENT

I certify that all of the statements in this application and any attachments are true and correct to the best of my knowledge and that I have not withheld any information that would affect this application unfavorably. I understand that District 6510 will deny a volunteer position to anyone convicted of a crime of violence, sexual abuse or harassment, or any other crime of a sexual nature and may deny a volunteer position to anyone who has been charged with these crimes.

I give District 6510 permission to verify the information on this application, including by reviewing the public records that I have provided, which are duly certified, or by searching law enforcement and other published records (including driving records and criminal background checks) in addition to contacting my former employers and the references I provided. I understand that this information will be used in part to determine my eligibility for a volunteer position. I also understand that as long as I remain a volunteer, this information may be checked again at any time. I understand that I will have an opportunity to review my criminal history.

WAIVER

In consideration of my acceptance and participation in the Rotary youth program, I, to the full extent permitted by law, hereby release, defend, hold harmless, and indemnify participating Rotary clubs, Rotary districts, multidistrict organizations, and their members, officers, directors, committee members, agents, and employees, and Rotary International, its directors, officers, committee members, employees, agents, and representatives (“Indemnitees”) from any or all liability for any claim, loss, damages, liabilities, expenses, bodily injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of, action concerning, or communication of my background in connection with this application.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 6510 youth program, and its affiliates.

**I hereby confirm, represent, and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape, or other sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.**

**If any provision of this agreement is determined to be illegal or unenforceable, the remaining provisions shall remain in full force and effect. By signing this Application, I acknowledge that I have read this Application and fully understand its contents.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Full Name |  | Title (if any) |
|  |  |  |
| Signature |  | Date |

 **ADDITIONAL INFORMATION**

**Position applied for** (check all that apply):

[ ]  Youth Exchange [ ]  Interact [ ]  Rotaract [ ]  RYLA [ ]  RYLA Weekend [ ]  Other – please explain: YE/YS Committees

**Are you a member of a Rotary club? [ ]  Yes [ ]  No**

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, club name: |  | Year Joined: |  |

 **EDUCATION**

|  |  |
| --- | --- |
| **Current School:** |   |
| **Address:** |   | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Position:** |  | **Email:** |  |
| **Date Started:** |  | **Graduation Year:** |  |

 **EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| **Current Employer:** |   |
| **Address:** |   | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Position:** |  | **Email:** |  |
| **Dates of Employment:** |  | **Supervisor’s Name:** |  |

|  |  |
| --- | --- |
| **Previous Employer:** |  |
| **Address:** |  | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Position:** |  | **Email:** |  |
| **Dates of Employment:** |  | **Supervisor’s Name:** |  |

|  |  |
| --- | --- |
| **Previous Employer:** |  |
| **Address:** |  | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Position:** |  | **Email:** |  |
| **Dates of Employment:** |  | **Supervisor’s Name:** |  |

 **ROTARY HISTORY WITH YOUTH** (Attach additional sheets if necessary)

**Have you held a Rotary youth program position in the past? [ ]  Yes [ ]  No**

|  |  |
| --- | --- |
| **Club:** |   |
| **Role:** |  | **Years:** |  | **District:** |  |
|  |  |  |  |  |  |
| **Club:** |  |
| **Role:** |  | **Years:** |  | **District**: |  |

 **VOLUNTEER HISTORY WITH YOUTH** (For the past five years; Attach additional sheets if necessary)

|  |  |
| --- | --- |
| **Organization:** |   |
| **Address:** |  | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Position:** |  | **Email:** |  |
| **Dates:** |  | **Supervisor’s Name:** |  |

|  |  |
| --- | --- |
| **Organization:** |   |
| **Address:** |  | **County:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Position:** |  | **Email:** |  |
| **Dates:** |  | **Supervisor’s Name:** |  |

 **PERSONAL REFERENCES** (May not be relatives; no more than one may be a former or current Rotarian)

|  |  |  |
| --- | --- | --- |
| **#1. Name:**  |   | **Relationship:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Phone:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **#2. Name:**  |   | **Relationship:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Phone:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **#3. Name:**  |   | **Relationship:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Phone:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Email:** |  |

 **QUALIFICATIONS and TRAINING**

|  |
| --- |
| If there is additional information that may help us better evaluate your fitness as a volunteer, please note it here.  |
|  |
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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 on number one or two above, describe in full. Indicate date(s), crime(s) and in which country and state each took place. (Attach a separate sheet if necessary).

|  |
| --- |
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|  |

 **Submit completed application to:**

**David Gornstein**

District 6510 Youth Compliance Officer

718 Saint Nicholas Drive

O’Fallon, IL 62269-3125, or

Email to: drgornstein@gmail.com

**For District Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reference Checked By:** | **Date** | **Initials** |
| **#1.** |  |  |  |
| **#2.** |  |  |  |
| **#3.** |  |  |  |

[ ]  Background Check Cleared: \_\_\_\_\_\_\_\_\_20\_\_\_ [ ]  Background Check Expires: \_\_\_\_\_\_\_\_\_20\_\_\_

[ ]  Issue with background check, applicant **NOT** Cleared

[ ]  Pre-Adverse Letter: \_\_\_\_\_\_\_\_\_20\_\_\_ [ ]  Final Pre-Adverse Letter: \_\_\_\_\_\_\_\_\_20\_\_\_