

## Rotary District 6910 Guidelines for Child/ Youth Protection

In the world in which live several things are assured to face most organizations including the Rotary Clubs in District 6910. The most fear laden event is being accused of child neglect or abuse. There is no way to absolutely assure the safety of the child/youth or prevent someone from accusing an individual Rotarian or a club of allowing or causing the event. There are several guidelines to minimizing this likelihood.

Each club should review its own practices. The guidelines below are the absolute minimum.

At no time should any new Rotarian (less than six months membership) be placed in authority over a child or youth.

All volunteers shall have a background check with the local sheriff or police. Most sheriff's departments do routinely at a low fee.

At no time should any Rotarian ever be in isolation with a child or youth. There should always be two nonrelated Rotarians working with children or youth. This restriction includes transporting children or youth on any activity. If the activity is in an enclosed space, the door to the room should be open at all times.

In the event of an accusation, the safety of the child/youth is the most important matter. The child/youth shall be removed to a place of safety until the parents arrive.

Each club needs to establish a protocol for accidents or accusations. The president of the club should be the first person contacted after the child/ youth is secure. The president of the club is responsible for contacting the district governor immediately of the accusation or event. There needs to be one spokesman for the club. No member of the club should speak to the media.

We have attached several forms that you may wish to adapt to your club.

# PERMISSION FORMAT

Name of Parent: \_\_\_\_\_  
Name of Child: \_\_\_\_\_

I give permission for the following:

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

**Contact Details** (of young person) – *fill in if applicable*

Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Number: \_\_\_\_\_

## **Health Declaration**

In the event of an emergency it is vital we have contact details for your son/daughter.

**Any known allergies/disabilities:** \_\_\_\_\_

## **Emergency Numbers**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

I agree that the information stated above is correct and that the information may be distributed to leaders it may concern.

Signed (parent/ guardian): \_\_\_\_\_

## VOLUNTEER APPLICATION

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

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_

\_\_\_ Days                  Evenings                  Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance?(list policy limits and name of carrier) \_\_\_\_\_

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

How were you parented as a child? \_\_\_\_\_

How do you discipline your own children? \_\_\_\_\_

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, hereby authorize the Rotary Club of \_\_\_\_\_ to request the \_\_\_\_\_ police/sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature

Date

Print applicant's full name

Print all other names that have been used by applicant (if any):

Date of birth:

Place of birth:

Social Security number (if required by sheriff's dept.)

Driver's license number:

State issuing license:

Date of expiration of license

Request sent to:

Name:

Address:

Phone:

## Accident Report Form

Please **print** all information

Date of accident

Time of the accident

Name of child/youth injured

Address of child/ youth

Location of the accident

Parents/ guardian of child/youth

Names of person(s) who witnessed the accident

Name

Phone

Name

Phone

Name

Phone

Describe the accident

Signature of accident reporter

Date