

Rotary District: Club: _	
Volunteer Affidavit Form for:	

(Host Families—each household member 18 years or older must complete this form separately)

Rotary District _____ 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.

We appreciate your interest in Rotary Youth Programs and are confident that this will be a truly rewarding experience for you. Rotary International and the U.S. State Department require that we obtain the information below from all of our Volunteers. We assure you that the information that we receive will be treated confidentially. We thank you for your assistance and understanding.

assistance and understan	aing.						
		Identifica	tion of Vo	olunteer			
Full Name			ou ever used another name, is so	o please list.			
Residence Street Address							
City		State	Zip Code	Home Phone No.			
,							
Cell/Mobile Phone	Fax#		F-mail.	Address			
	l ux "			71441000			
How long at this address?	(If le	ss than five years, p	please list pric	or residence(s) in this box)			
Date of Birth		Rotarian?		Club Name & Year joined			
		Yes	No				
Position Applied for	Held a YE	position in the pas	t? If yes, v	what position(s) & when?			
	☐ Ye	es No					
		Employmer	nt History	(5-Years)			
		Please attach ac	dditional she	ets, if needed.			
Current Employer				ation/Position			
Address			City, St	tate, and Zip Code			
Phone No.	How long	with company?	Superv	risors Name			
Previous Employer #1		Occupa	Occupation/Position				
. ,							
Address			City St	tate, and Zip Code			
			J., 5.	— р			
Phone No.	How long	with company?	Sunerv	risors Name			
Thoric No.	Tiow long	with company:	Cuperv	iooro rame			
Provious Employer #2			Occupa	ation/Position			
Previous Employer #2			Оссира	ation/Position			
Address			0;4 . 04	tata and 7th Oada			
Address			City, St	tate, and Zip Code			
Phone No.	How long	with company?	Superv	risors Name			



Rotary District:	Club:	
Volunteer Affidavit For	m for:	

Personal References (provide three) May not be relatives and not more than either one former or one current Rotarian.					
Name of Individual #1		Relationship to you			
Address		City, State, and Zip Code			
Home Phone No. Business Phone No.		E-mail Address			
Name of Individual #2		Relationship to you			
Address		City, State, and Zip Code			
Home Phone No. Business Phone No.		E-mail Address			
Name of Individual #3		Relationship to you			
Address		City, State, and Zip Code			
Home Phone No.	Business Phone No.	E-mail Address			

Volunteer History With Youth (5-Years) Please attach additional sheets, if needed.					
Organization Name		Dates Involved	Director's Name		
Address		City, State, and Zip Code			
Phone No.	Position(s) Held				
QUALIFICATIONS & TRAINING: V	What qualifications and/or training	did you have for working with y	outh? Please describe in full.		
Organization Name #2		Dates Involved	Director's Name		
Address		City, State, and Zip Code			
Phone No.	Position(s) Held				
QUALIFICATIONS & TRAINING: What qualifications and/or training did you have for working with youth? Please describe in full.					
Organization Name #3		Dates Involved	Director's Name		
Address		City, State, and Zip Code			
Phone No.	Position(s) Held				
QUALIFICATIONS & TRAINING: V	Vhat qualifications and/or training	did you have for working with y	outh? Please describe in full.		



Volunteer Affidavit For	m fo	r:				
	CDI	MINIAL LISTO	DV_			
CRIMINAL HISTORY Have you ever been convicted of or plead guilty to or 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, describe in full. Also indicate dates(s) of crime(s needed):) and i	in which country a	nd state each	took place.	(Atta	ch a separate sheet if
Wa	aiver	r/Consent/Re	elease			
I certify that all of the statements in this application, 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 Rotary District Youth Exchange Program or its affiliates. I further certify that I understand that District Youth Exchange 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 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 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 Youth Exchange program. 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 specifically acknowledge that the District Youth Exchange program or its affiliates will inquire about, and I authorize them to verify, my employment, experience, personal references, background, including criminal background checks which may contain arrest and conviction data. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved with the District Youth Exchange program and I fully consent to such investigations.						
IN CONSIDERATION of my acceptance and participation in the Youth Exchange program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International ("Indemnities"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, 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, the District Youth Exchange program 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 Youth Exchange program or its affiliates, or at my option. I understand and agree that the District Youth Exchange program 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 WAIVER, CONSENT, AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.						
I FURTHER ACKNOWLEDGE HAVING REVIEW ALLEGATION REPORTING GUIDELINES	NED '	THE WESSEX S	SEXUAL AB	USE AND	HAF	RASSMENT
Please Print Name Signature					Date Signed	
Reviewer's Name (Please print): (Must be a Certific	ed Rof	tarian)		Rot	ary (Club of:
Reviewer's Signature		Date	Title		hav ide	signature verifies that I ve seen and checked the ntification of this blicant.

Rotary District: ____ Club: ____