



**Rotary International District 5100
Youth Exchange Committee**
Located in Northern Oregon and Southern Washington, USA

www.youthexchange5100.org

Long Term Exchange

“Service Above Self”

Volunteer Affidavit Form for: _____
Host Family ___ **Counselor** ___ **Other** ___ **Rotary Club:** _____

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

Rotary District 5100 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.

Identification of Volunteer			
Full Name		Have you ever used another name? If so, please list.	
Residence Street Address			
City	State	Zip Code	Home Phone No.
Cell/Mobile Phone	Fax No.	Email Address	
How long at this address? _____ (If less than 5 years, please list prior residence(s) in this box)			
Date of Birth	Rotarian? ____ YES ____ NO	Club Name & Year joined	
Position Applied for	Held a YE position in the past? ____ YES ____ NO	If yes, what position(s) & when?	
Employment History (5-Years)			
Please attach additional sheets, if needed.			
Current Employer		Occupation/Position	
Address		City, State, and Zip Code	
Phone No.	How long with company?	Supervisor's Name	
Previous Employer #1		Occupation/Position	
Address		City, State, and Zip Code	
Phone No.	How long with company?	Supervisor's Name	
Previous Employer #2		Occupation/Position	
Address		City, State, Zip Code	
Phone No.	How long with company?	Supervisor's Name	

Personal References (provide 3)

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.	Email Address
Name of Individual #2		Relationship to you
Address		City, State, and Zip Code
Home Phone No.	Business Phone No.	Email Address
Name of Individual #3		Relationship to you
Address		City, State, Zip Code
Home Phone No.	Business Phone No.	Email 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: What qualifications and/or training did you have for working with youth? 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: What qualifications and/or training did you have for working with youth? Please describe in full.			

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 date(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 application, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld and 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 5100 Youth Exchange Program or its affiliates. I further certify that I understand that District 5100 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 5100 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 a part, to determine my eligibility for a volunteer position with the District 5100 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 5100 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 5100 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, officer, 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 5100 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 5100 Youth Exchange program or its affiliates, or at my option. I understand and agree that the District 5100 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 RECEIVED A COPY OF DISTRICT 5100'S SEXUAL ABUSE AND HARASSMENT ALLEGATION REPORTING GUIDELINES

Please Print Name	Signature	Date Signed
Reviewer's Name (Please Print): Must be a Certified Rotarian)		Rotary Club of:
Reviewer's Signature	Date	Title
My signature verifies that I have seen and checked the identification of this applicant		

Send copies of this form to the following:

Name _____
Address _____
City _____ **State** _____ **Zip** _____
E-mail _____