



CONFIDENTIAL

District should send original of this form to ESSEX CBC or scan/send and destroy the original

**** Retain the notification of results only in district records ****

ANNUAL BACKGROUND CHECK WAIVER/CONSENT/RELEASE

Each Rotary volunteer or host family member 18+ of age must complete this waiver for the background check.

I am applying for a volunteer position with Rotary Youth Programs and I understand that ESSEX and/or its member districts (hereinafter "Rotary") may/will deny a volunteer position to anyone deemed, in the sole and absolute discretion of Rotary, to be unacceptable or unsuitable, either now or at any time in the future, and that Rotary may terminate my volunteer position at any time, with or without cause. I hereby certify that any information I have provided in connection with this application is truthful and that I have disclosed all pertinent information. I hereby agree to supplement this application, and report to Rotary, any events or changes which might affect this application as soon as possible after such events or changes occur.

I hereby give my permission for Rotary to investigate and verify all the information I have provided though this annual background check by whatever means Rotary deems suitable and/or appropriate including, but not limited to, searching public records, criminal background checks, and sexual abuse registries, and I hereby indemnify and hold harmless Rotary, and all persons involved with, or working with or for Rotary, from any and all liability for any and all loss or consequences I may sustain as a result of such investigation and/or verification. Further, I hereby give my permission for any such investigation and/or verification to be repeated at any time, and as often as necessary, for so long as I may remain a volunteer or host, or at anytime in the future that I might reapply to be a volunteer.

I further agree to conform to the rules, regulations, and policies of Rotary International, ESSEX, and its District affiliates, at all times during my service as a volunteer.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE WAIVER, CONSENT, AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.

>>> Print or type all information clearly and legibly including your complete legal name and SSN. <<<

Legal First Name _____	Middle Name _____	Last Name _____	Signature _____
Date of Birth ____/____/19____	Other Name(s) Used _____		Today's Date ____/____/20____
Month Day Year			Month Day Year
Telephone Number _____	E-mail _____		
Address: _____		City _____	State ____ Zip _____
SSN ____ -- ____	Rotary Club _____	Rotary District _____	

Print Legibly

Check the reason for this background:

YE counselor/Club YEO/district committee/youth protection officer	<input type="checkbox"/>	Host family	<input type="checkbox"/>
Non-youth exchange program (RYLA)	<input type="checkbox"/>	Chaperone	<input type="checkbox"/>
		Driver Only	<input type="checkbox"/>

**Send this waiver to Rotary District 7570 Youth Protection Officer
Whit Krumm, 658 Coltsfoot Lane, McGaheysville, VA 22840 rwkrumm@comcast.net
The fee per background check is \$8.00 (Paid by District 7570)**

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