

**The Chaperone is required to complete this form
To be retained by the District in order to check references**

*Student Protection Policy
Appendix A*



PERSONAL INFORMATION

Name of Rotary Club _____ **District** _____

Position Applied for: _____ **Previous position** _____

VOLUNTEER HISTORY WITH YOUTH (5 years – please attach additional sheets, if necessary)

Organization Name: _____

City/State/Zip: _____

Telephone: _____ **Position:** _____ **Dates** _____ **to** _____

Additional Organization: _____

City/State/Zip: _____

Telephone: _____ **Position:** _____ **Dates** _____ **to** _____

PERSONAL REFERENCES (not relatives and not more than one former or current Rotarian)

1. **Name:** _____

Address/City/State/Zip: _____

Telephone: _____ **Relationship:** _____

2. **Name:** _____

Address/City/State/Zip: _____

Telephone: _____ **Relationship:** _____

3. **Name:** _____

Address/City/State/Zip: _____

Telephone: _____ **Relationship:** _____

CRIMINAL HISTORY (Attach a separate sheet if needed)

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, describe in full. Indicate dates(s) of crime(s) and in which city and state each took place.

TO BE RETAINED BY THE DISTRICT

Mail to: Ron Napier, 545 Locust Dale Rd, Front Royal, VA 22630 by November 6, 2009



DISTRICT WAIVER/CONSENT/RELEASE - YOUTH EXCHANGE ONLY

I certify that all of the statements in this affidavit, 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 Rotary youth programs in ESSEX or its affiliated districts. I further certify that I understand that the intent of the Rotary Youth Exchange programs 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 ESSEX and its member districts 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 former employers and personal reference interviews. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the Rotary youth programs. 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 a procedure is available for clarification, if I dispute the record as received. 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 the Rotary youth programs, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Rotary youth programs, 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 ESSEX, the participating Rotary Clubs and Districts, and of Rotary International (“Indemnitees”), 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 Indemnitees, 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, ESSEX, and its district 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 ESSEX and its district affiliates, or at my option. I understand and agree that ESSEX or its district 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 AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.

_____/_____/20_____
Signature of Applicant **Clearly print your Legal Name** Today’s Date

Telephone Number _____ Date of Birth ____/____/19____

Address: _____ City _____ State _____ Zip _____

SSN ____ -- ____ Rotary Club _____ Rotary District _____

Print Legibly

Check if you are a host family member counselor YEO Check if you are a Rotarian

SEND THIS WAIVER TO YOUR DISTRICT CHAIR OR STUDENT PROTECTION OFFICER

The fee per Youth Exchange background check is \$7.00 paid by the District.

Mail to : Ron Napier, 545 Locust Dale Rd, Front Royal, VA 22630