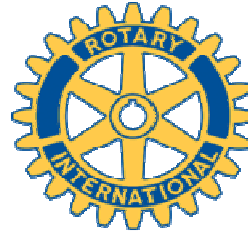


Return to Rotary District 5440 Protection Officer
Raymond Leaycraft
1170 Fairway Club Cr. #1
Estes Park, CO 80517
(W) 970-586-4407
(H) 970-586-8599
rrl@insurance-associates.com



VOLUNTEER AFFIDAVIT

It is the duty of all Rotarians, Rotarians' spouses, partners, and 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 at-risk individuals with whom they come into contact.

All district committee members, club youth exchange officers, club counselors, chaperones, RYLA chaperones, youth exchange host families or anyone having individual and/or unsupervised contact with children, elderly or at-risk individuals must complete this form. All counselors and host family members over the age of 18 who reside in the home of a youth exchange host family will be subjected to an appropriate check of the background of the individual before being approved.

Please check appropriate box – I am completing this as a:

- Youth Exchange Host Family Member
- Volunteer: Club Youth Exchange Officer, Counselor, Chaperone, Bus Driver, etc
- District Officer
- RYLA or YRYLA Chaperone/Counselor
- District Committee Member
- Work with At Risk Adults or Meals on Wheels
- Other: _____

COMPLETE ALL FIELDS: Incomplete affidavits will not be processed. To protect your personal information, forward this affidavit to the address above or submit in a sealed envelope to your Club Exchange Officer for mailing. **Electronically transmitted affidavits will not be accepted.**

Payment must accompany this form to be processed. The cost of each background check is \$4.75, checks should be made payable to: "Rotary District 5440". Background checks will not be processed without payment.

Print Full Name: _____			
First	Middle	Last	
Former Names/to including Maiden-Married (list all): _____/_____ _____/_____			
Date of Birth: _____	Social Security Number: _____	Gender	M F (Circle One)
Mo – Day - Year			
Driver's License # _____	State of Issue: _____	Exp Date _____	
Current Physical Address: _____			
Street	City	State	Zip Code

How long at this address: _____ (yrs) List all other states/countries you have resided in: _____

Telephone Number _____ Email address: _____

I am a member of _____ (Rotary Club)

Criminal History

Have you ever been convicted of or pled guilty to any crime(s)? Yes No
Have you ever been subject to any court order involving 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 county and state each took place.

Waiver/Consent/Release

I certify that all of the statements in this affidavit 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 further certify that I understand that the intent of this process is to deny a position to anyone convicted of an offense in which children, elderly or at risk persons were victims, or which indicate patterns of behavior which may pose a risk to those individuals.

I acknowledge that District 5440 may, at its discretion, make inquiries of law enforcement institutions or initiate investigations by private persons for the purpose of verifying information supplied by me or to obtain additional information, including searches of law enforcement and published records. I hereby authorize all criminal justice agencies to furnish and release all criminal history record information or confirm that no criminal history record information exists concerning the undersigned.

I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, contract background security agencies, security company personnel, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International, from any or all liability for any loss, property damage, personal injury or death, 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, District 5440 and its affiliates, and understand that my participation can be modified or terminated, with or without notice or cause, at any time, at the option of either the District 5440 or its affiliates, or at my option. I understand and agree that District 5440 or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

I direct that any criminal history record information be sent to:

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

Print Name: _____

Signature: _____ Date: _____

Witness: _____