



District _____
YOUTH EXCHANGE

Volunteer Affidavit

DO NOT USE AS A HOST FAMILY APPLICATION

District _____ is committed to creating and maintaining the safest possible environment for all participants in Rotary Youth 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.

Date _____

PERSONAL INFORMATION

Name: _____ Date of birth _____
Please use your full legal name—first-middle-last (in that order) mm dd yyyy

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

Business Phone (If Any) _____ FAX: _____

How long at this address? _____ (If less than five years, please attach additional sheets, if necessary)

Government identification (e.g. Social Security Number): _____ Gender M F

Are you a member of a Rotary club? Yes _____ No _____

If yes, please give club name and year joined: _____

Position Applied for: _____

Have you held a Youth Exchange position in the past? Yes ___ No___ If yes, what position and when?

EMPLOYMENT HISTORY (5 years – please attach additional sheets, if necessary)

Current Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company? _____ Supervisor's Name: _____

Previous Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company? _____ Supervisor's Name: _____

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

Organization Name: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

Previous Organization: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

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: _____

QUALIFICATIONS AND TRAINING

What qualifications and/or training do you have relevant to Youth Exchange or this position? Please describe in full.

CRIMINAL HISTORY

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. Also indicate dates(s) of crime(s) and in which country and state each took place. (Attach a separate sheet if needed)

Any driving violations or accidents? Yes No _____
If yes please explain _____

Drivers License Number _____ Issued by _____
State

WAIVER/CONSENT/RELEASE

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 the District _____ Youth Activities program or its affiliates. I further certify that I understand that District _____ Youth Activities 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 former employers and reference interviews. I understand that this information will be used, solely, to determine my eligibility for a volunteer position in the District Youth Activities 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 that there is a procedure available for clarification, if I dispute the record as received.

I specifically acknowledge that the District _____ or its affiliates will inquire about, and I authorize them to verify, my prior 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 the District 6270 Youth Activities and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Activities 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 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, the District 6270 Youth programs, 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 _____ or its affiliates, or at my option. I understand and agree that the District 6270 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 AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.

Signature of Applicant (In Blue Ink)

Please Print Name

Date



YOUTH EXCHANGE District _____ Privacy Notice

Your Privacy is Important to Us

We want you to know that protecting the privacy of your personal information is one of our top priorities. We value our relationship with you. The very nature of our relationship with you requires us to collect or share certain types of information about you. We want you to know what information we collect, how we protect it and how we may use it. This privacy notice explains how we use and protect potential, current and former volunteer and host family information. Please read it carefully.

What Personal Information Do We Have?

We collect information, such as name, address, social security number, and employment status, as outlined on the application you completed for us. The type of information we collect depends on your request and may include:

- Information we receive from you when you complete the application as a volunteer or host family;
- Information we receive from your references in connection with your application.
- Information we receive from third parties (such as motor vehicle reports and criminal background information).

How Do We Use Your Personal Information?

We may use your personal information and may provide it to authorized personnel from the U S Department of State and firms that conduct audits of our records.

- To approve your request;
- To fulfill legal and regulatory requirements;

We do not disclose any personal information about our potential, current and former volunteers and host families unless required by law.

We will not disclose any information we collect about you unless authorized by you to do so or as permitted by law. We may share such information without authorization, to the extent permitted by law, with third parties or affiliates assisting us, such as those who assist us investigating your application.

Protecting the Confidentiality of Your Personal Information

We only allow access to your personal information to those individuals who need it in order carry out the purposes of our program. Individuals who have access to your personal information are required to keep it strictly confidential. We provide training to our volunteers about the importance of protecting the privacy of your information. We maintain safeguards to protect your personal information.