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**Rotary Youth Exchange Volunteer Declaration**

**I understand the nature of my role and responsibilities as a member of Rotary International District 7470 Youth Exchange Program. I accept my responsibility to care for the children and young people with whom I come into contact.**

**I confirm that there is no reason why I should not have access, unsupervised or otherwise, to young people while serving as a member of Rotary International District 7470 Youth Exchange Program. There are no criminal convictions, civil findings or injunctions relevant to this application. I grant permission for Rotary International District 7470 Youth Exchange Program to investigate my suitability to serve as a member of the Program by doing background checks.**

**All information is keep confidential and used only for the purpose of background check.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**Date Of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  By checking this box I certify that the information above is correct and accurate and I give Rotary District 7470 permission to conduct a background check to verify the information.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Return completed form to: Jim Allison, Chair STYE**

 **2184 Ben Jon Rd.**

 **Easton, PA 18040**

 **Fax 610-438-2406**

 **JRA188@aol.com**