

ROTARY CLUB OF \_\_\_\_\_

**Protection Officer:**

Name:		Other Position held in Club:	
WWC Number (number on card or reference number on application form)	Photocopy of Card Filed and Original Sighted Yes / No	Expiry Date on Card (Cards are valid for 3 years from date of issue unless revoked)	Dates Validity of card checked.

**CONFORMITY CERTIFICATION:**

*The President of the Rotary Club on behalf of the Board certifies that the Rotary Club conforms with the District 9455 “Working with Children Manual”.*

\_\_\_\_\_  
 President Name: President Signature: Date

\_\_\_\_\_  
 Secretary Name: Secretary Signature: Date

***This Form needs to be submitted to the District Youth Protection Officer***