

**District 7090  
Rotary Youth Exchange Program  
Youth Volunteer Affidavit**

All persons involved with Youth Exchange are required to complete this form

**District 7090 is committed to creating and maintaining the safest possible environment for all participants in Rotary 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 all, and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come in contact. PLEASE PROVIDE AS MUCH INFORMATION AS YOU FEEL COMFORTABLE IN DOING. In addition to this information, we will be conducting a background check, and will require that you provide a police check.**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: State/Province: Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Government I D (eg. Social Security/Insurance Number): \_\_\_\_\_

Are you a Rotarian? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Male/Female (circle)

If yes, indicate club name and year joined: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Have you held a Youth Exchange position in the past? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what position and when: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

How long employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

How long employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**VOLUNTEER HISTORY WITH YOUTH** (5 years – attach additional sheets i.n.)

Organization Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: \_\_\_\_\_ Director: \_\_\_\_\_

Previous Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: \_\_\_\_\_ Director: \_\_\_\_\_

**PERSONAL REFERENCES**

1) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**QUALIFICATIONS AND TRAINING**

What qualifications and/or training do you have relevant to Youth Exchange of 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, indicating dates and locations of crime(s).

(Attach a separate sheet if needed). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 unfavourably, 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 7090 Youth Exchange program or its affiliates. I further certify that I understand that District 7090 Youth Exchange 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 7090 to obtain, verify, and investigate information given in this affidavit, including searches of law enforcement and public records (including driving records and criminal background checks), contact with employers, and reference interviews. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the District 7090 Youth Exchange program. 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 for clarification, if I dispute the record as received.

I specifically acknowledge that the District 7090 Youth Exchange program or its affiliates will inquire about, and I authorize them to verify, my employment, experiences, personal references and background, including criminal reference 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 in the District 7090 Youth Exchange program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Exchange program, 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 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 7090 Youth Exchange program and its affiliates, and understand that my service can be modified or terminated, with or without cause, at any time, at the option either the District 7090 Youth Exchange program or its affiliates, or at my option. I understand and agree that the District 7090 Youth Exchange 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.**

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Please Print Name

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Signature of Applicant

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Date