

DISTRICT 5340 YOUTH VOLUNTEER AFFIDAVIT

Principal Youth Activity(s): Youth Exchange
 Interact RYLA Rotaract
 Model UN 4-Way Speech Scouting
 Other: _____

For District 5340 Use Only	
Date Received: _____	<input type="checkbox"/> Rotarian <input type="checkbox"/> Non-Rotarian
Date Reviewed: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Category if Approved: <input type="checkbox"/> Supervisor <input type="checkbox"/> Coordinator	

District 5340 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of each Rotarian, Rotarian spouse or partner, or other volunteer to safeguard, to the best of their ability, the welfare of and to prevent physical, sexual, or emotional harm to children and young people with whom they come into contact.

This information will be provided to an outside agency which District 5340 has engaged to conduct background checks.

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Date of Birth: _____ Years in California: _____ Rotarian: No _____ Yes _____

Club Name: _____ Years in Rotary: _____ Years in District 5340: _____

CERTIFICATION AND CONSENT

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 and that I have not withheld any information that would affect this affidavit unfavorably. I agree that this information may be used to determine my eligibility for a volunteer position. I agree that District 5340 may, in its sole discretion, decline to accept my application for a volunteer position with or without cause. I agree that District 5340 will deny a volunteer position to anyone who has admitted to, been convicted of, or otherwise been found to have engaged in any form of abuse, harassment, or violence against another person. I agree to conform to the rules, regulations, and policies of Rotary International, District 5340, and District 5340 youth programs. I agree that my volunteer position may be modified or terminated, with or without notice or cause, at the option of District 5340.

I agree that District 5340 may verify information given in this affidavit by any means District 5340 determines is reasonable, including fingerprint verification of law enforcement databases, searches of law enforcement and published records (including driving records and criminal record checks), and contact with former employers and references. I agree that this information may be verified again at any time while I am serving as a volunteer.

*(By submission of your Affidavit to the District 5340 Youth Protection Officer and agreeing to have an independent background investigation conducted on behalf of District 5340 and RI, **you are not giving up your right to privacy.** The records that will be searched are only those records that are available to the general public. Records that are protected by federal, state, and local privacy laws are not accessible without your signature on a U.S. Government Privacy Act form authorizing the release of that private information. This Affidavit is not such a form and the U.S. Government Privacy Act form is not a requirement of this Policy.)*

WAIVER

In consideration of District 5340 reviewing my eligibility for a volunteer position, I, to the full extent permitted by law, hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (1) any and all persons or entities who shall furnish the above-mentioned information to District 5340, its officers, agents, or employees, and (2) Rotary International, District 5340, District 5340 youth programs, District 5340 Rotary Clubs and their members, officers, agents, directors, committee members, and employees for any statements, acts or omissions in the course of obtaining the above-mentioned information.

I acknowledge and agree that I have read and understand this affidavit, certification, consent, and waiver and that I sign this document voluntarily.

Date: _____ Signature of Applicant: _____

Print Applicant's Name: _____

Submit Affidavit and \$5.00 check to the District 5340 Office, 2247 San Diego Avenue, Suite 236, San Diego, CA 92110

Please Provide the Additional Information Requested on Page 2

Page 2 – Additional Information
(Attach additional sheet(s) as necessary)

EMPLOYMENT

Employer: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Years with Employer: _____ Position: _____
Phone: _____ Name of Supervisor: _____

PERSONAL REFERENCES (Not relatives)

Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Relationship: _____

QUALIFICATIONS AND TRAINING (Relevant to the volunteer position sought)

CRIMINAL HISTORY

1. Have you ever been summoned, cited, arrested, indicted, charged, or tried for or have you ever been convicted of, pleaded guilty to, or pleaded no contest to any felony or misdemeanor (including intoxication or reckless driving violations, but excluding minor traffic infractions)? Yes _____ No _____
2. Have you ever been requested to appear before any prosecuting attorney or investigative agency in any matter, military or civil? Yes _____ No _____
3. Have you ever been a party to a court proceeding involving sexual, physical, psychological or verbal abuse, domestic violence, civil harassment, or moral turpitude? Yes _____ No _____

If yes to any of the above, please describe each event in full by indicating date, nature of event or proceeding, your involvement, location (country, state, province, county, etc.), and disposition (judgment, order, other result).

