Volunteer Name		Club					Page 1 of 3	V-1		
Volunteer Application/Affidavit Great Plains RYLA, District 5630, District 5610 (Although background checks must be completed annually, this application is valid for up to 5 years.) (Revised January 21, 2020)										
				er Inform			• • • • • • •			
``````````````````````````````````````	(Social Security number removed from Rotary records after the required background check is complete.)									
Personal Information Last Name Firs			st Name Middle Name		Date of E	Date of Birth (e.g.25/Jan/1981)				
Street Address			City			Sta	te Zip	)		
Home Phone		Work Phone	Cel	Cell Phone		E-mail				
Country of Birth			Citizen of what country?			Social	Social Security Number			
Gender					Ethnicity					
Male 🗌 Female		fr. Amer. 🗌	Amer. I	ndian. 🗌	Anglo 🗌	Asian 🗌	Hispanic 🗌	Other 🗌		
If yes, attach separate s	Have you ever been convicted of any crime(s) or plead guilty to any crime(s)? Yes No I If yes, attach separate sheet(s) describing each incident in full. Give date(s) of crime(s) and in which country and state each took place.									
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 I No I If yes, attach separate sheet(s) describing each incident in full. Give date(s) of crime(s) and in which country and state each took place.										
		ast Five Ye	ears – If needed, attach addition							
Current I	Current Employer									
Street Address			<mark>ars – II N</mark> Job Tit			onal sheet( pr's Name	8) Supervisor's I	Phone		
Street A								Phone		
Street A Previous I	Address			tle City	Superviso	or's Name	Supervisor's			
	Address Employer		Job Ti	tle City	Superviso	or's Name State	Supervisor's Zip			
Previous I Street A Personal Referen	Address Employer Address		Job Tii Job Tii	tle City tle City	Superviso	or's Name State or's Name State State	Supervisor's Zip Supervisor's Zip			
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Previous I Street A Personal Referent 1. Full Name Street Home Phone 2. Full Name	Address Employer Address Ces (No re Address	elatives and	Job Ti Job Ti <mark>no Rotar</mark>	tle City tle City rians): City	Superviso	or's Name State Or's Name State Relation: E	Supervisor's Zip Supervisor's Zip ship Zip -mail			

Volunteer	Name
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Club

Declarations

## **Rotary Youth Protection Policy**

**Rotary Districts 5630 and 5610** are committed to creating and maintaining the safest possible environment for all participants in Rotary It is the duty of all Rotarians, Rotarians' spouses, partners, Host Families 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.

## Volunteer 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 **Great Plains RYLA** program or its affiliates. I further certify that I understand that **Great Plains RYLA** program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby authorize **Great Plains RYLA**, veriFYI and/or its Service Provider to request and receive any and all background information about/concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the **Fair Credit Reporting Act**, **15 U.S.C 1681**, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. **The background check program verifies the Name**, SS# (upon request) **and DOB** with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. **This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report.** I understand that this information will be used to determine my eligibility for a volunteer position with the **Great Plains RYLA** program. I also understand that as long as I remain a volunteer with **Great Plains RYLA**, the criminal history report and that there is a procedure available for clarification, if I dispute the record as received.

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 **Great Plains RYLA** program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the **Great Plains RYLA** 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, District 5630 and District 5610, and of Rotary International ("Indemnities"), from any or all liability for damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit or participation in the RYLA program.

I further agree to conform to the rules, regulations, and policies of Rotary International, the **Great Plains RYLA** program and its affiliates, 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 **Great Plains RYLA** program or its affiliates, or at my option. I understand and agree that the **Great Plains RYLA** 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 understood the above affidavit, waiver, consent and release, and that I sign this form voluntarily.

Signature of Applicant (Volunteer)	Print (Volunteer name)	Date

Volunteer Name				Club		Page 3 of 3	V-1		
Preparation for Rotary Youth Service									
Club/Organization Memberships									
Member of Rotary?	· · · · · · · · · · · · · · · · · · ·		District no.	List previous Rotary Club Me			mberships, if any		
Yes 🗌 No 🗌									
List other relevant organiza	ation and club membersh	nips – (Curr	ent and past)						
Volunteer History									
Organization	Organization Name		Position Held			Dates of Service			
Director's Name				Phone Number					
Street Address		City		St	ate	Zip			
Organization Name Posi			Position	tion Held Dates of Service					
Director's Name				Phone Number					
<u> </u>									
Street Address		City		St	ate	Zip			
Relevant Training									
What training or other qualifications do you have relevant to RYLA or this position?         Please describe in full									

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Mail completed form to: RYLA 2020 711 10th Ave Kearney NE 68845