



District _____
YOUTH EXCHANGE



Volunteer Affidavit
Do not use for host families

District _____ is committed to creating and maintaining the safest possible environment for all participants in Rotary Youth 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 and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Date ____/____/____

PERSONAL INFORMATION

Name: _____ Date of birth ____/____/____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Email: _____

Business Phone: _____ Fax: _____

How long at this address? _____ (If less than five years, please list prior residence(s) on the back of this sheet.)

Government identification (e.g. Social Security Number): _____

Are you a member of a Rotary club? Yes _____ No _____

If yes, please give club name and year joined: _____

Position Applied for: Youth Exchange officer__ Youth Counselor__ Youth Committee__ Youth Advisor__

Other _____ Have you held a Youth Exchange position in the past? Yes ___ No___

If yes, what position and when? _____

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

Current Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company? _____ Supervisor's Name: _____

Previous Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company? _____ Supervisor's Name: _____

VOLUNTEER HISTORY WITH YOUTH (5 years – please attach additional sheets, if necessary)

Organization Name: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

Previous Organization: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

PERSONAL REFERENCES (not relatives and not more than one former or current Rotarian)

1. Name: _____

Address/City/State/Zip: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address/City/State/Zip: _____

Telephone: _____

Relationship: _____

3. Name: _____

Address/City/State/Zip: _____

Telephone: _____

Relationship: _____

QUALIFICATIONS AND TRAINING

What qualifications and/or training do you have relevant to Youth Exchange or 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. Also indicate dates(s) of crime(s) and in which country and state each took place. (Attach a separate sheet if needed)

