



**Rotary District 6650 Youth Exchange, Inc.  
Rotary Youth Volunteer Affidavit**

Please send to: Jim Russell, [jrussell@nctrotary.org](mailto:jrussell@nctrotary.org), 7028 Bill Johns Rd.  
Newcomerstown, OH 43832

Rotary Club \_\_\_\_\_ Club Counselor or YE Chair \_\_\_\_\_

Rotary District 6650 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, 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.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ DOB (da/mo/yr) \_\_\_\_\_

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: \_\_\_ YE Committee member, \_\_\_ Host Family member, \_\_\_ Other

Have you held a Youth Exchange position or been a Host Family 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 YE 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)

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

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**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 Rotary District 6650 Youth Exchange, Inc. program or its affiliates. I further certify that I understand that Rotary District 6650 Youth Exchange, Inc. 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 Rotary District 6650 Youth Exchange Inc. to investigate, verify and obtain information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I understand that this information will be used, to determine my eligibility for a volunteer position with the Rotary District 6650 Youth Exchange Inc. program. I also understand that as long as I remain a volunteer with Rotary District 6650 Youth Exchange Inc., the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review 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 the Rotary District 6650 Youth Exchange Inc. 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 an investigation of my background in connection with this affidavit or participation in the Youth Exchange program.

I further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary District 6650 Youth Exchange Inc. 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 Rotary District 6650 Youth Exchange Inc. program or its affiliates, or at my option. I understand and agree that the Rotary District 6650 Youth Exchange Inc. 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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Signature of Applicant \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Privacy Statement: Privacy Act of 1974 applies. Personal information is being collected to determine the acceptability of the applicant to serve as a volunteer in a Rotary District youth program. It will be used for reference and background, including, but not limited to, criminal and sexual abuse/harassment, checks. Information requested is voluntary. Personal data will not be disclosed, made available or otherwise used for purposes other than those specified, except with the consent of the applicant, or by authority of law. Active files will be maintained for three (3) years after cessation of involvement with the program and thereafter will be destroyed.

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**Rotary Club \_\_\_\_\_ Club Counselor or YE Chair \_\_\_\_\_**

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Rotary District 6650 Youth Exchange Inc. Action

\_\_\_ Accepted \_\_\_ Rejected, \_\_\_\_\_ date

Notice sent to Applicant: \_\_\_\_\_ date