



# District 6250 YOUTH EXCHANGE



## Volunteer Affidavit

Do not use for host families

District 6250 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.

### PERSONAL INFORMATION

**Tab to each field and enter data**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

How long at this address? \_\_\_\_\_ 4 years (If less than five years, please list prior residence(s) on the back of this sheet.)

Social Security Number: \_\_\_\_\_

Are you a member of a Rotary club? If yes, please give club name and year joined:  
 Yes  No

Position Applied for: \_\_\_\_\_ Please Specify:  
 Youth Counselor  Youth Committee  Youth Advisor  Other

Have you held a Youth Exchange position in the past? If yes, what position and when?  
 Yes  No

### 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)

Any driving violations or accidents? If yes please explain <input type="checkbox"/> Yes <input type="checkbox"/> No	Issued by (State):
Drivers License Number:	

