



ROTARY INTERNATIONAL
District 6270
World Affairs Seminar
Youth Activities Affidavit

The Wisconsin World Affairs Council, Inc., the World Affairs Seminar, Rotary International, and Rotary International District 6270 are 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 participants 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: _____

Address: _____

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

Home Phone: _____ E-mail: _____

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: _____

Have you held a World Affairs Seminar 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? _____ Supervisors Name: _____

Previous Employer: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

How long with this company? _____ Supervisors Name: _____

Your **HISTORY** of working with **YOUTH** (5 years – please attach additional sheets, if necessary)

1. Organization Name: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

2. Organization Name: _____

Address/City/State/Zip: _____

Telephone: _____ Position: _____

Dates Held: _____ Director's Name: _____

PERSONAL REFERENCES (not relative 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 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) _____

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 position with the World Affairs Seminar program or its affiliates. I further certify that I understand that it is District 6270’s and the World Affairs Seminar’s intent to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby give my permission for District 6270, on behalf of the World Affairs Seminar, 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, in part, to determine my eligibility for a position with the District 6270 Youth Activities and/or World Affairs Seminar programs. I also understand that as long as I remain in this position, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I dispute the record as received.

I specifically acknowledge that Rotary International District 6270 or its affiliates will inquire about, and I authorize them to verify, my prior employment, experience, personal references, background, including criminal background checks, which may contain arrest and conviction data. 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 World Affairs Seminar and District 6270 Youth Activities. I fully consent to such investigations.

IN CONSIDERATION of my acceptance by and participation in the World Affairs Seminar programs, 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, the World Affairs Seminar, Wisconsin World Affairs Council, Inc. 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.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 6270 Youth programs, 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 District 6270 program or its affiliates, or at my option. I understand and agree that the District 6270 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.

Signature of Applicant (In Blue Ink)

Please Print Name

Date