

Rotary Youth Volunteer Information and Declaration Form (Form 3)

(Mandatory Requirement)

Personal Details

Name: _____ Email: _____

Phone: Work: _____ Home: _____ Mobile: _____

Address: _____

Period at this Address (Years): _____ Date of Birth _____ Are you a Rotarian: Yes / No

If Yes, Name of Club: _____ Date Joined: _____

What will be your role in the Program?

- District Committee Member
- Club Counselor

- Member of Host Family
- Other, please specify _____

Occupation: _____ Employer: _____

Previous involvement with Youth: _____

Personal References (Only one referee may be a Rotarian and none may be family members)

1. Name: _____

Phone: Work: _____ Home: _____ Mobile: _____

2. Name: _____

Phone: Work: _____ Home: _____ Mobile: _____

3. Name: _____

Phone: Work: _____ Home: _____ Mobile: _____

Police Check: Working With Children Number: _____ Expiry Date: _____

I certify the following:

- All statements and information given on this form are true and correct to the best of my knowledge.
- I have never committed or been guilty or been accused of a crime against a child or young person of which I have not been cleared.
- I give my full permission for any of the people I have listed on this Form to be contacted by an authorised Rotary Officer to confirm my suitability as a Youth Exchange Volunteer.
- I certify that I have contacted my referees and all are happy for Rotary to contact them.
- I agree to abide unreservedly by the decision of the District's Rotary club reviewing my applications to my suitability as a Youth Exchange Volunteer.

In consideration of my acceptance and participation in the youth 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 and of Rotary International, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of the negligence of any of the indemnities or may be suffered or claimed by me as a result of any investigation of my background in connection with this declaration.

I have read and understood the above declaration and sign this form voluntarily.

Signature of Applicant: _____ Date: _____

Name Printed: _____

Rotary Witness: _____ Date: _____

Name printed: _____

