

Counselor: Please return to:
Rotary District 6080 Youth Exchange Office
 20 Allies Alley
 Sunrise Beach, MO 65079
OR Scan and e-mail to: admin@rye6080.org

Volunteer Application

Rotary District 6080 Youth Exchange

CLUB NAME	DATE JOINED	STUDENT'S NAME (If known)		
APPLICANT INFORMATION GENDER: [] M [] F RACE:				
FULL NAME (first, middle, last)		FULL NAME SPOUSE (first, middle, last)		
RESIDENCE STREET ADDRESS		CITY	State	ZIP
EMAIL ADDRESS				
HOME PHONE	OFFICE PHONE	CELL PHONE		
EMPLOYER		YOUR POSITION		
WORK CONTACT	PHONE	NUMBER OF YEARS EMPLOYED		

GENERAL INFORMATION

INDICATE BRIEFLY YOUR REASONS FOR WISHING TO PARTICIPATE IN ROTARY YOUTH EXCHANGE:

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YOUTH-RELATED VOLUNTEER EXPERIENCE

ORGANIZATION NAME	YOUR POSITION		
DIRECTOR'S NAME	DIRECTOR'S E-MAIL	PHONE	
ORGANIZATION NAME	YOUR POSITION		
DIRECTOR'S NAME	DIRECTOR'S E-MAIL	PHONE	

3 PERSONAL REFERENCES (CANNOT BE RELATED and CANNOT BE FELLOW ROTARIANS)

NAME	RELATIONSHIP		
STREET, CITY, STATE, ZIP OR E-MAIL ADDRESS			PHONE
NAME	RELATIONSHIP		
STREET, CITY, STATE, ZIP OR E-MAIL ADDRESS			PHONE
NAME	RELATIONSHIP		
STREET, CITY, STATE, ZIP OR E-MAIL ADDRESS			PHONE

PRIOR RESIDENCE (IF LESS THAN 5 YEARS AT CURRENT ADDRESS)			
RESIDENCE STREET, CITY, STATE, ZIP		HOW LONG AT THIS ADDRESS?	
PREVIOUS EMPLOYMENT INFO (IF LESS THAN 5 YEARS AT CURRENT EMPLOYER)			
PREVIOUS EMPLOYER	CONTACT NAME	PHONE	YRS EMPLOYED
<p>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 6080 Youth Exchange program or its affiliates. I further certify that I understand that Rotary District 6080 Youth Exchange program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person. 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 Rotary District 6080 Youth Exchange 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 District, and of Rotary International ("Indemnities"), 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 Indemnities, 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 6080 Youth Exchange 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 6080 Youth Exchange program or its affiliates, or at my option. I understand and agree that the Rotary District 6080 Youth Exchange 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.</p>			
APPLICANT'S NAME (PLEASE PRINT):		APPLICANT'S SIGNATURE:	
APPLICANT SOCIAL SECURITY #:	DATE OF BIRTH:	CURRENT DATE:	
BACKGROUND CHECK APPROVED []		DATE APPROVED:	
IF SPOUSE WILL BE DIRECTLY INVOLVED IN YOUTH EXCHANGE ACTIVITIES PROVIDE THE FOLLOWING:			
SPOUSE'S NAME (PLEASE PRINT)		SPOUSE'S SIGNATURE:	
SPOUSE'S SOCIAL SECURITY #:	DATE OF BIRTH:	CURRENT DATE:	
BACKGROUND CHECK APPROVED []		DATE APPROVED:	

**Social Security # and Date of Birth will be used for background checks ONLY.
This application will be valid for five (5) years from date of completion.**