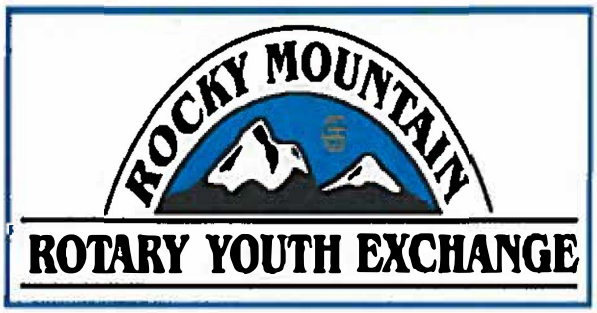
Return to: Kimberly Armitage - Karmitage@denverymca.org



RMRYE Volunteer Application for YEOs & District Committee Members

Rocky Mountain Rotary Youth Exchange is committed to creating and maintaining the safest possible environment for all participants in the Rotary activities. It is the duty of all 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.

Please answer each question carefully and accurately. Please print except for signature/initial areas. Please complete in blue or black ink.

Part 1 - Personal Information:

First name:_____Middle_____Last_____

Gender _____ Birth Date (MM/DD/YYYY) _____ Martial Status _____

Address:

Street: _____

City: _____State_____ Zip Code_____

Email_____

Home Phone_____Business Phone_____ Cell:_____

Part 2 - Personal References:

Persons that are not relatives or former employers that we may contact.

Name	Occupation	Telephone
1.		
2.		
3.		

Immediate Relative over 18 years of age that we may contact

Name	Relationship	Telephone
4.		

Part 3 - Background Application

Each volunteer must individually complete the online application.
See instructions on separate form (Appendix C).

Part 4-Volunteer 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 any Rotary Youth Exchange program. I further certify that I understand that the intent of Rotary Youth Exchange Programs is to deny a position to anyone convicted of a crime of violence or a crime against another person.

Rotary Clubs, Rotary Districts, Rotary Multi-Districts, and Rotary International act through their respective members, officers, directors, committee members, employees, and volunteers to administer the Rotary Youth Exchange Program. For the purpose of this release and indemnification provision, these entities and individuals are referred to as "Indemnities." To the extent of any applicable insurance, the Indemnities shall remain responsible for any damages resulting from their negligence in administering the program; investigating my background, and protecting the confidentiality of my personal information. I hereby release, agree to indemnify and hold harmless, and covenant not to collect damages from "Indemnities" for those damages that are over and above those covered by all applicable insurance policies. I execute this limited release of liability, indemnification and hold harmless agreement, and covenant not to collect damages in consideration of my acceptance and participation in the program.

I further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary District Youth Exchange Program in which I am applying as a volunteer 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 named Rotary District Youth Exchange Program or its affiliates, or at my option. I understand and agree that this Rotary District 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 understood the above affidavit, consent and release and that I sign this form voluntarily.

_____

Signature of Volunteer

_____ _____

Print Name of Volunteer **Date**

Part 5 - Submission. Complete parts 1 through 4, then email this completed application and the signed Appendix C form to Kimberly Armitage, RMRYE Chair, KArmitage@denverymca.org

RMRYE District 5450 Representative Use Only

Information Verification:

Reference Contacted	Day/	Results	Interviewer	Method*
Time 1.				
2.				
3.				
4.				

*By phone or in person

Comments:

Results:

Background Check Clear_____ Y/N **Date Cleared _____**

Approved to volunteer: YES NO

_____ _____

Kimberly Armitage, District 5450 Chair **Date**