



ROTARY INTERNATIONAL DISTRICT 5100 Youth Protection Policy Youth Volunteer Affidavit

**Complete and Fax:
503-513-9213**



District 5100 is committed to creating and maintaining the safest possible environment for all participants in Rotary 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

Name: _____ Associated Rotary Club: _____

E-mail Address: _____

Home Address: _____

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

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Fax: _____

LIST ALL PERSONS LIVING IN THE HOUSEHOLD

Full Name	Age	E-Mail

WAIVER/CONSENT/RELEASE

I agree to conform to the rules, regulations, and policies of Rotary International, the District 5100 Youth Service 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 District 5100 Youth Service Program or its affiliates, or at my option. I understand and agree that the District 5100 Youth Service 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 YOUTH PROTECTION POLICIES AND PROCEDURES OF ROTARY DISTRICT 5100, AND THAT I SIGN THIS FORM VOLUNTARILY.

Signature of Applicant

Print Name

Date

CREDIT CARD INFORMATION

Cardholder Name: _____

Credit Number: _____ Exp: _____

The background check processing fee is \$15.00 per person. If paying by check, please make check payable and mail to Rotary District 5100 at address below.

**Rotary International District 5100
9450 SW Commerce Circle Suite 270
Wilsonville, OR 97070
Fax 503- 513-9213**