# ROTARY YOUTH VOLUNTEER INFORMATION & DECLARATION FORM

**See over for completion procedures**

This Form is mandatory for **YOUTH PROGRAM VOLUNTEERS**

**RESPONSIBLE ADULTS** are exempt

**(Refer definitions in Rotary District 9510 Youth Protection Policy)**

**Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | DOB / / | | | Email |
| Phone | Work | | Home | |  | Mobile |
| Address |  | | | | Period at this address (years) | |
| Occupation | |  | | Employer | |  |

**Program involvement**

|  |  |
| --- | --- |
| Which Youth programs will you be involved with, and what will your role or roles be? | |
| Past involvement with youth |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Name | | | Email |  |
| Phone | | Work | Home |  | Mobile |
| 2 | Name | | | Email |  |
| Phone | | Work | Home |  | Mobile |
| 3 | Name | | | Email |  |
| Phone | | Work | Home |  | Mobile |

**WWC and Criminal History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Working with Children Card / Certificate Number |  | Expiry Date |  | |
| Have you ever been charged with or been found guilty of charges involving sexual, physical, or verbal abuse, including but not limited to domestic violence or intervention orders.  If yes, please explain. Also indicate date(s) of incident(s) and the Country and State in which each occurred (attach a separate sheet, if needed).  Charges that resulted in a diversion should be recorded, as should the final outcome of any intervention order applications that might have been made against you. | | | | Yes ( )  No ( ) |

|  |  |  |  |
| --- | --- | --- | --- |
| *I certify the following:*   * All statements and information given on this form are true and correct. * I have contacted my referees and all are happy for \*Rotary to contact them * I give my full permission for any of the referees listed above to be contacted by \*Rotary to confirm my suitability as a **YOUTH PROGRAM VOLUNTEER**. * I agree to abide unreservedly by \*Rotary’s decision as to my suitability as a **YOUTH PROGRAM VOLUNTEER** in \*Rotary Youth Programs. * I acknowledge that (copies of) this form and the results of \*Rotary’s enquires will be held by the manager of any program for which I volunteer and by the District.   \*For these purposes Rotary means the Rotary Club or District Youth Committee for which this form is submitted and any other Club or District Committee that conducts a Youth Program for which I volunteer either now or in the future.  **I have read and understood the above declaration and sign this form voluntarily.** | | | |
| **Applicant** | **Name** | **Signature** | **Date** |
| **Rotary Witness** | **Name** | **Signature** | **Date** |

**ENDORSING A YOUTH PROGRAM VOLUNTEER**

**Procedure to be initiated by a Youth Program Chair or Club President (The Initiator)**

1. The Initiator has the applicant obtain a WWC Check and fill out this form
2. The Initiator signs the form confirming they have sighted the WWC and emails the form to the District Protection Officer
3. The DPO will engage an expert to conduct applicant and Referee interviews, emailing them the form
4. If the applicant proves suitable, the expert will sign the form and email it to the initiator and the DPO
5. The DPO sends the form to the internet committee for secure storage and advised them to add the new Youth Program Volunteer’s name and date of the WWC check to the visible District website list.

**Record of Interviews contact by Authorised Interviewing Officer**

|  |  |  |
| --- | --- | --- |
| **Name Candidate** |  | Contact Date |
| **Contacted** | Phone Number / In person |  |

|  |  |  |
| --- | --- | --- |
| **Name Referee 1** |  | Contact Date |
| **Contacted** | Phone Number / In person |  |
|  | | |
| **Name Referee 2** |  | Contact Date |
| **Contacted** | Phone Number / In person |  |
|  | | |
| **Name Referee 3** |  | Contact Date |
| **Contacted** | Phone Number / In person |  |

|  |  |
| --- | --- |
| **Overall Comments** |  |

I, the interviewer, ……………………………………………………………………………………………...

Print Name

verify that I have interviewed …………………………………………………………….. and their 3 referees

Applicant’s Name

and I find the applicant suitable to be a Youth Program Volunteer.

Signed …………………………………………………………………………. Date……/………/………….

Phone ………………………………………………. Email ………………………………………………………………

Name Position

Youth Program Chair/Club President

Signed Sighted applicant’s WWC Check dated / /

Phone Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: This form must be retained securely by the Club/District Youth Program for two years **and** sent to the District Youth Protection Officer, **Helen Charles** for permanent secure electronic retention (noting there is no statute of limitations on Child Abuse matters).