



CONFIDENTIAL

F kntlev'uj qwf 'ugpf 'qtki kpcn'qh'y ku'hqto 'vq'GUUGZ 'EDE'qt 'uecp lugpf 'cpf 'f gwtq{ 'y g'qtki kpcn'
, , 'Tgvc'p'y g'pqq'k'ecvk'p'qh't'guw'm'q'pn' 'k'f kntlev't'geqtf u' , , "

ROTARY DISTRICT 7640 ANNUAL BACKGROUND CHECK WAIVER/CONSENT/RELEASE

Gcej 'Tqxt{ 'xqmpv'ggt.'j qu'w'o k'f 'o go dgt '3: - 'q'l'ci g.'o w'u'eqo r'rgv'y ku'y c'kxgt 'hqt 'c 'dcem i tqwpf 'ej gem'

I am applying for a volunteer position with Rotary Youth Programs and I understand that ESSEX and/or its member districts (hereinafter "Rotary") may/will deny a volunteer position to anyone deemed, in the sole and absolute discretion of Rotary, to be unacceptable or unsuitable, either now or at any time in the future, and that Rotary may terminate my volunteer position at any time, with or without cause. I hereby certify that any information I have provided in connection with this application is truthful and that I have disclosed all pertinent information. I hereby agree to supplement this application, and report to Rotary, any events or changes which might affect this application as soon as possible after such events or changes occur.

I hereby give my permission for Rotary to investigate and verify all the information I have provided though this annual background check by whatever means Rotary deems suitable and/or appropriate including, but not limited to, searching public records, criminal background checks, and sexual abuse registries, and I hereby indemnify and hold harmless Rotary, and all persons involved with, or working with or for Rotary, from any and all liability for any and all loss or consequences I may sustain as a result of such investigation and/or verification. Further, I hereby give my permission for any such investigation and/or verification to be repeated at any time, and as often as necessary, for so long as I may remain a volunteer or host, or at anytime in the future that I might reapply to be a volunteer.

I further agree to conform to the rules, regulations, and policies of Rotary International, ESSEX, and its District affiliates, at all times during my service as a volunteer.

KCEMP QY NGFI G'VJ CV'KJ CXG'TGCF 'CP F 'WP F GTUVCPF 'VJ G'CDQXG'Y C&GT.'EQP UGP V.'CP F ' TGNGCUG.'CP F 'VJ CV'KUK P 'VJ KU'HQTO 'XQNWP VCT'KJ ' 0

>>> Print or type all information clearly and legibly. Incomplete or illegible forms will be returned. Complete Social Security numbers are required. <<<

Legal First Name Middle Name Last Name Signature

Date of Birth: aaaaaa l'aaaaa l'3; aaaa ' Today's Date: aaaaa l'aaaaa l'42aaaa Other Name(s) Used

Telephone Number: aaaaaaaaaaaaaaaaaaaaaaa E-mail: aa

Address: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa City: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa State: aaaaa Zip: aaaaaaa

SSN: Rotary Club: Rotary District: 9862

Ej gentlj g'tgc'up 'hqt 'y ku'llc em i tqwpf 'ej gem' T[ G'Eqwpugrt 'Emd[ qwj 'Gzej cpi g'Q'h'egt %[ GQ+ F kntlev'Eqo o kwgg Q'j gt- aaaaaaaaaaaaaaaaaaaaaa 'Emd[ qwj 'Rtq'ge'v'k'p'Q'h'egt %[ RQ+ J qu'w'o k'f P qp/[ qwj 'Gzej cpi g'Rtqi tco 'Xqmpv'ggt'

Make check payable to ESSEX for \$8.00
For Youth Exchange mail check and waiver to:
District Youth Exchange Director Alfia DeKovacs, 1371 Dutch Mill Road, Newfield, NJ 08344
For Non Youth Exchange mail check and waiver to:
District Youth Protection Officer Bob Garrett, Suite 410, 801 Asbury Avenue, Ocean City, NJ 08226