



Volunteer Application

Every youth volunteer 18+ of age must complete.
Please return form to your Activity Chair or Club Youth Protection Officer.
This form will be retained at the District 7640 Office.

Volunteer Name: _____
Last First Middle

City: _____ New Jersey Zip Code: _____

Telephone: _____ Cell: _____ E-Mail: _____

I am a Member of the Rotary Club of _____ District 7640

VOLUNTEER HISTORY WITH YOUTH (5 years – please attach additional sheets, if necessary)

List Previous and/or
Organization
Involvement:

PERSONAL REFERENCES (not relatives and not more than one former or current Rotarian)

**Must verify, at least 2 references.

1. Name: _____

Address/City/State/Zip: _____

Telephone: _____ E-Mail: _____ Relationship: _____

2. Name: _____

Address/City/State/Zip: _____

Telephone: _____ E-Mail: _____ Relationship: _____

CRIMINAL HISTORY (Attach a separate sheet if needed)

1. Have you ever been convicted of or plead guilty to any crime(s)? Yes No

2. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order? Yes No

If yes, describe in full. Indicate dates(s) of crime(s) and in which city and state each took place.

Date: _____

Print Full Name: _____

Signature Required: _____

* A COPY WILL BE RETAINED BY THE DISTRICT 7640 OFFICE *