

2019

California Chaperone Application Annual



(Please Print) Name: _____
LAST FIRST MIDDLE

Assembly: _____ **#** _____

Current and Past Titles: _____

Personal Information

Order Preference to Call

Home Phone: () _____	<table border="1" style="display: inline-table;"><tr><td>1ST.</td><td>2ND.</td></tr><tr><td>1ST.</td><td>2ND.</td></tr></table>	1ST.	2ND.	1ST.	2ND.	Work Phone: () _____
1ST.	2ND.					
1ST.	2ND.					
Cell Phone: () _____		Email: _____				

Physical Address: _____ City: _____

Mailing Address: _____ City: _____

Place of Birth: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widower/Widow Name of Spouse (if applicable): _____

I am a Member in good standing in the Grand Lodge of _____

and each of the following Subordinate Lodges of the Grand Lodge of _____

_____ Lodge No. _____, F. & A. M.

_____ Lodge No. _____, F. & A. M.

and/or _____ Chapter # _____, Order of the Eastern Star;

and/or _____ Court # _____, Order of Amaranth;

and/or _____ Shrine # _____, Order of the White Shrine of Jerusalem;

Driver's Information

I will NOT be Driving for Rainbow **DMV Driver's Record is attached**

Name on Driver's License: _____

State of Issue: _____ Number: _____

Have you been denied a driver's license? Yes No

Has your license been suspended/revoked in the past 7 years? Yes No

If Yes, to any of the above, please comment regarding the circumstances of these actions: _____

Have you been involved in any motor vehicle accident in the last 7 years for which you were cited or otherwise found at fault? Yes No

If yes, please explain: _____

**International Order of the Rainbow for Girls - California Jurisdiction
Youth Protection Policy**

Personal Profile

Name: _____

LAST

FIRST

MIDDLE

Have you been **cited for driving under the influence of drugs, alcohol, any other substance** during the past 10 years? Yes No

If yes, _____ please explain: _____
(date)

(date)

Do you know of **any reason why you should not serve/volunteer?** Yes No

Describe _____

Do you have **health limitations** which should be considered when dealing with Assembly members or assisting with the Assembly activities? Yes No

Describe _____

Have you **used illegal drugs or been treated/hospitalized for substance abuse** in the past 7 years? Yes No

If yes, _____ please explain: _____
(date)

Have you been **treated or hospitalized for alcohol** abuse in the past 7 years? Yes No

If yes, _____ please explain: _____

Have you been involved in any **criminal or civil act** which might be questioned by others related to your work with the Assembly? Yes No

If yes, please explain: _____

Have you been convicted of a **felony?** Yes No

If yes, please explain: _____

Has any adverse **action been taken against you by any youth, church, school or day care center** while you were an employee or volunteer? Yes No

If yes, please explain: _____

**International Order of the Rainbow for Girls - California Jurisdiction
Youth Protection Policy**

Name: _____

LAST

FIRST

MIDDLE

Have you ever been **accused of physically, sexually or emotionally abusing a child, youth or adult?**

Yes No

If yes, please explain: _____

This form and our Youth Protection Policy are in concert with our mandate from Supreme Assembly. The Policy is not intended to question anyone's integrity or to offend, but rather to ensure the safety of both girls and adults.

PLEASE NOTE: Section 26 of the 2014 Supreme Statute states in part: *"Conduct, Adults and Advisors. The use of alcohol and/or illegal or illicit drugs by any adult is not permitted at or during any Rainbow function. Such use may constitute removal of eligibility to attend any Rainbow functions. The involvement in inappropriate or illicit Internet content, images or innuendos by any adult may subject her/him to expulsion. Any adult expelled for cause, either from a Sponsoring Order or a non-affiliated associated adult, who has been convicted of/or admits to, in writing, the commission of a crime or offense involving false declarations or moral turpitude, or punishable as a misdemeanor or felony in the Jurisdiction where committed, shall be barred from attending any Rainbow meetings or activities or serving in any capacity in Rainbow."*

NOTE: *This form will be retained by the Supreme Officer in a CONFIDENTIAL file and destroyed (by shredding) at the end of every calendar year. A new form must be completed each year prior to one's being installed as an Advisory Board Member, etc.*

Information reported on this form will be discussed ONLY between the person affected and the Supreme Officer. No further dissemination of this information will occur without specific written notification to the affected person, and then will be limited to review by the Grand Jurisdiction Board of Directors who are held to the same standard of confidentiality.

Attestation:

I, _____, understand that I have completed this form voluntarily in order to serve as a Rainbow Advisory Board Member, Grand Deputy, Director or other adult volunteer as requested by the Supreme Officer. I understand if there is any question about my responses, the Supreme Officer will contact me directly.

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for rejection of this application. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my personal, professional, criminal, driving, or other background qualifications pertaining to this application, I release, hold harmless, and agree to indemnify the International Order of the Rainbow for Girls, its Assembly, Advisory Boards, and all other Rainbow bodies, organizations, sponsoring bodies, and their officers, employees, agents, and volunteers from any and all liability to me in connection with their good faith efforts to gather and use any information provided as a result of, or in connection with, this application.

If chosen, I agree to be bound by the Code of Conduct, policies and procedures of the International Order of the Rainbow for Girls, and have completed or will complete additional Chaperone training. I understand that policies may be modified at any time at the sole discretion of the International Order of the Rainbow for Girls without prior notice to me. (Please attach Acknowledgement and Agreement of Code of Conduct).

I understand that, if there is concern about my responses, the Supreme Inspector/Deputy will contact me directly.

**Form complete as per
Grand Deputy**

Signature

Date