



**CONFIDENTIAL**

**District should send original of this form to ESSEX CBC or scan/send and destroy the original**

**Please note, if you are involved in the Youth Exchange program please contact the YEP Chair prior to submitting.**

**ANNUAL BACKGROUND CHECK WAIVER/CONSENT/RELEASE**

*Each Rotary volunteer or person 18+ of age must complete this waiver for the background check.*

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.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE WAIVER, CONSENT, AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.**

**>>> Print or type all information clearly and legibly including your complete legal name and SSN. <<<**

Legal First Name _____	Middle Name _____	Last Name _____	Signature _____
Date of Birth _____/_____/19____	Other Name(s) Used _____		Today's Date _____/_____/20____
Month    Day    Year			Month    Day    Year
Telephone Number _____	E-mail _____		
Address: _____		City _____	State _____ Zip _____
SSN _____ --    --	Rotary Club _____	Rotary District _____	

**Print Legibly**

Please list the reason for this background check:

**SEND THIS WAIVER THROUGH YOUR DISTRICT**

**The fee per background check is \$20.00**

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