

DISTRICT 5450 VOLUNTEER APPLICATION - WAIVER/CONSENT/RELEASE

I certify that all of the statements in this statement are true and correct to the best of my knowledge.

I hereby give my permission for Rotary International District 5450 to investigate, verify and obtain information given in this statement, **including searches of law enforcement and published records (including driving records and criminal background checks).**

I understand this information will be used, in part, to determine my eligibility to participate in volunteer positions with my local Rotary Club and District 5450 programs.

I understand that, upon my request, I will have an opportunity to review the criminal history, if any, and that there is a procedure available for clarification, if I dispute the record as received.

I specifically acknowledge that RI District 5450 Abuse & Harassment Protection Officer (AHPO) will inquire about, and I authorize them to verify, my background, including criminal background checks which may contain arrest and conviction data.

I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of protected persons as defined by the RI District 5450 Abuse and Harassment Protection Policy and I have read the policy. I fully consent to such investigation.

IN CONSIDERATION of my participation in Rotary Club and District 5450 programs involving protected persons, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, the District 5450 Abuse and Harassment Protection Officer, and of Rotary International, from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the above, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I understand that specific information obtained by the Abuse and Harassment Protection Officer will be confidential and not disclosed to any person or entity, except as provided in the RI District 5450 Abuse and Harassment Protection Policy which states in relevant part:

“The **AHPO** shall review the results of the background checks and other such information that may be obtained and notify the applicable club President or program chair when the volunteers are cleared for one-on-one interaction.

The **AHPO** shall notify the individual and the club President or program chair if the results of the review are not acceptable and that the volunteer is not cleared. The **AHPO** will designate the individual as a Prohibited Person.”

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

Please complete and mail with a check or money order in the amount of \$8.00, payable to “5450 Checks, LLC” % Emil Rinaldi, 3847 W. 103 Dr., Westminster, CO 80031-2453.

Signature

Date

Name Printed

Club

Number Street City Zip

Social Security Number Date of Birth
(This portion to be deleted and shredded as soon as the check is completed.)