

Name: _____

**International Order of the Rainbow for Girls
Nevada Grand Assembly**



ADULT WORKER PROFILE 2018

Incorporates the following: Adult Application and Profile and Chaperone Application

FORM MUST BE COMPLETED BY ADULT LEADERS AND RETURNED TO
THE SUPREME OFFICER; ADDITIONAL PAGES MAY BE ADDED AS NEEDED

Assembly Name: _____ # _____

Personal Information

Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____

Physical Address: _____

How long at current address? _____ *If less than 7 years, provide addresses for prior 7 years.*

Education and Occupational Information

Occupation: _____

Employed by: _____ Since: _____

Military Service (Branch/Service Dates): _____

Certifications, Degrees, and Professional Licenses:

Certifications, Degrees, and Professional Licenses:	Issued by:	Issued on:

Masonic and Fraternal Membership *List in same order as in Opening Ceremony*

Majority member of _____ Assembly # _____, located in _____, _____.

Member in good standing in the Grand Lodge and/or Grand Chapter of: _____,

And each of the following subordinate Lodges and/or Chapters: _____

Parent/Grandparent/Legal Guardian of _____, member of _____
Assembly # _____, located in _____, _____.

Non-Affiliated Wife of a Master Mason, _____, member of _____
Lodge # _____, located in _____, _____.

Name: _____

Other Youth Group Involvement

Please list other youth groups with whom you have worked or volunteered, as an adult:

Organization:	Dates:	Duties:	Contact Person and Phone Number:

Personal References

Not required for those completing the form in January 2018.

If you have not previously served as an Adult Leader with Nevada Rainbow, please provide three references whom you have known for at least 7 years, two of whom are not affiliated with Rainbow.

Name	Address	Phone Number/s	Relationship	Length of Acquaintance

Name: _____

Confidential Background Information

Responses to the questions in the Confidential Background Information section of the Adult Worker Profile are confidential. Concerns regarding this portion of the Adult Worker Profile will be addressed by the Supreme Officer and the applicant.

Yes No Do you have any physical or health limitations that may limit your role in Rainbow activities, such as night driving, seizures, etc.?

If YES, Please describe with dates:

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

If YES, Please describe with dates:

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

If YES, please describe with dates:

Yes No Have you been cited for DUI/drugs or alcohol while driving, etc. during the past 7 years?

If YES, please describe with dates:

Yes No Has your driver's license been suspended/revoked during the past 7 years?

If YES, please describe with dates:

Yes No Have you been involved in any activity involving inappropriate or illicit internet content, images or innuendos?

If YES, Please describe:

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

If YES, Please describe:

Yes No Have you ever been convicted of any crime involving child abuse, child molestation, child exploitation or any other like crime involving a child as defined by any law of the United States, a state, province or a municipality?

If YES, Please describe with dates:

Yes No Have you ever been convicted of a felony?

If YES, Please describe with dates:

Name: _____

Attestation

To the best of my knowledge, the information contained in this application is complete and accurate. I attest to the fact that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application. I understand that providing false information is grounds for not choosing me for a volunteer position. I also understand that my approval as an adult volunteer may be terminated without notice if I have misstated, or if I have withheld, any facts or circumstances that would, if disclosed, affect my application to volunteer with Nevada Grand Assembly.

I authorize any person or organization, whether or not identified on 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 Assemblies, 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 conjunction with this profile.

I understand if there is concern about my responses, the Supreme Officer in Nevada will contact me directly.

Signature: _____ Date: _____

Return completed and signed form to:

Heidi Haartz, Supreme Deputy in Nevada

Email as a PDF to: heidi.haartz_nviorq@yahoo.com

Mail a hard copy to: 11195 Messina Way, Reno, NV 89521

Fax to: 775-853-6336