

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



**NEVADA RAINBOW ADULT PROFILE AND CERTIFICATION FORM  
FOR 2015 ADVISORY BOARDS, GRAND DEPUTIES  
DIRECTORS and ADULT VOLUNTEERS**

**THIS FORM MUST BE COMPLETED ANNUALLY**

The purpose of this Adult Profile and Certification Form is to provide information to the Supreme Officer in Nevada ensuring that Nevada Grand Assembly maintains the high standards and quality reputation of all adult volunteers in this Grand Jurisdiction, and to protect both the adult volunteers and the Rainbow girls of this Grand Jurisdiction. The Supreme Officer and/or the Grand Executive Board retain the right to revise this form on an annual basis, if necessary.

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

**This form must be completed and returned to the Supreme Officer PRIOR to the Adult Volunteer's Installation on an Assembly's Advisory Board and by December 1<sup>st</sup> for all adults serving in any capacity on the Adult Leadership Team of Nevada Grand Assembly.**

Please use the space provided to respond to every question. If additional space is needed, please use additional pages in order to answer every question completely. **Please make note that a Social Security Number is a REQUIRED data element.** Additionally, a Media Release must also be completed by the Adult Volunteer and returned concurrently with this Adult Profile and Certification Form. **Once completed, please mail pages 2-4 of this form directly to:**

**Joanie Jacka  
Supreme Inspector in Nevada  
14660 South Quiet Meadow Drive  
Reno, Nevada 89511**

NOTE: This form and all related Adult Volunteer forms are 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 any Adult Volunteer serving in any capacity on the Adult Leadership Team of Nevada Grand Assembly. 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 Executive Board of Directors who are held to the same standard of confidentiality as the Supreme Officer.

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Name:		Email:	Cell Phone:
Address:		Home Phone:	Work Phone:
Social Security Number:		Place of Birth:	Date of Birth:
Marital Status:		Name of Spouse:	Assembly #:
Occupation:		Hobbies or special talents to share with IORG (carpentry, sewing, painting, web design, etc.)	

**MASONIC AFFILIATION AND VOLUNTEER HISTORY**

I am a member in good standing in the Grand Lodge/Grand Chapter of: \_\_\_\_\_

and each of the following Subordinate Lodges and/or Chapters:

_____	Lodge No.	_____	F&AM
_____	Lodge No.	_____	F&AM
_____	Chapter No.	_____	OES
_____	Chapter No.	_____	OES

I am the parent/legal guardian or grandparent of \_\_\_\_\_  
who is/was a member of \_\_\_\_\_ Assembly # \_\_\_\_\_

Adult Volunteer History: Please list any other volunteer organizations with which you have experience.

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**DRIVER PROFILE**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I have a current NEVADA Driver's License.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	My Driver's License has been denied, at any point in time.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	My Driver's License has been suspended/revoked, at any point in time.

If YES to License denial or suspension/revocation, please describe \_\_\_\_\_ with dates: \_\_\_\_\_

**DRIVER PROFILE cont'd**

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

If YES, please describe with dates:

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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:

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Yes  No Are you taking any medications that might compromise your ability to drive or make decisions?

If YES, please describe with dates:

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**PERSONAL PROFILE**

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

If YES, Please describe:

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Yes  No Do you have any **health limitations** which should be considered when dealing with Assembly Members or assisting with Assembly activities? (i.e., night driving, seizures, etc.)

If YES, Please describe:

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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:

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

If YES, Please describe with dates:

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

If YES, Please describe:

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

If YES, Please describe with dates:

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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:

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**PERSONAL PROFILE cont'd**

To the best of your knowledge and beliefs, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, care and guidance of young girls?

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**AFFIRMATION AND ATTESTATION**

I, the undersigned, certify that I wish to serve as an Adult Volunteer for Nevada Grand Assembly, IORG, declare that I am over 21 years of age and qualified to make these statements, and under penalty of perjury, state that each of the foregoing statements are true and correct. I further certify that I am NOT listed by any Department of Human Services, or any other federal, state or local agency having responsibility for overseeing the welfare of children, as a suspicious person.

I understand and acknowledge that as part of this application, an investigative report or background check may be prepared by Nevada Grand Assembly's governing board or officers, without further notice to me, whereby information is obtained through paid background check services that conduct an investigation using but not limited to the following: personal interview with neighbors, friends or others with whom I am acquainted, criminal records repositories, other Federal, State and/or local governmental agencies, public records, former employers, former schools, listed or developed references or others who may be able to provide information as to my background, character, general reputation, associations and mode of living.

I understand that I have the right to receive notice about the results, nature and scope of any investigative report or background check requested, within five (5) days after Nevada Grand Assembly receives my request or five days after the investigative consumer report was requested, whichever is later. Request for this notice will be made in writing and directed to the attention of the Supreme Officer in Nevada. I also understand that as long as I remain an Adult Volunteer with Nevada Grand Assembly a background investigation may be repeated at any time.

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 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 affirm that I have completed this form in compliance with applicable Supreme Statutes of the IORG and relevant youth protection measures. I understand if there is concern about my responses, the Supreme Officer in Nevada will contact me directly.

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Printed Name of Adult Volunteer

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Signature of Adult Volunteer

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Date