

International Order of the Rainbow for Girls  
Nevada Grand Assembly



**ADULT WORKER PROFILE 2024**

*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  
*(all adults must complete this form in 2024)*

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**

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:

**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: \_\_\_\_\_

Name: \_\_\_\_\_

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: \_\_\_\_\_

#### 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  
Mail a hard copy to: 11178 Grazing Cattle Ln, Reno, NV 89521**