

**INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS  
GRAND ASSEMBLY OF OHIO  
Adult Worker Profile Annual Update**

**PLEASE PRINT OR TYPE**

(If no changes from last year, please state that in appropriate area.)

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ (Prior addresses, if any, for the last 5 years, and length at each address) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Marital Status: *Single Married Separated Divorced Widow(er)*

Spouse's name: \_\_\_\_\_

***Employment:***

Occupation (or former occupation): \_\_\_\_\_

Name & Address of Current Employer (if applicable): \_\_\_\_\_

Previous Employers (last 10 years): \_\_\_\_\_

***Driving:*** Must be completed annually

Do you have an Ohio Driver's License? Yes No

Driver's License # \_\_\_\_\_ (copy of Driver's License - OK without SS#) \_\_\_\_\_

Auto Insurance Co: \_\_\_\_\_ (proof of insurance attached) \_\_\_\_\_

Have you ever been expelled for cause from a Sponsoring Body of Rainbow? YES NO

Are there any other changes to your original Adult Worker Profile that Rainbow needs to be aware of? YES NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I promise that, in my service as a Rainbow advisor or volunteer, I will bear true allegiance to the Supreme Assembly and to the Supreme Deputy/Inspector in Ohio and that I will obey the Statutes of the Supreme Assembly, the by-laws of my local Assembly, and the laws of my city, state, and country.

I understand the responsibilities of being a Rainbow advisor or volunteer and am enthusiastically anticipating this opportunity for service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**When completed, please return this form to your Grand Deputy.**