

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

The purpose of this Rainbow Adult Worker Profile is to provide information that will insure that the quality and reputation of the volunteers for the International Order of the Rainbow for Girls within the Jurisdiction of Ohio is maintained at the highest level. It is also designed to protect both the Adult advisors and the girls who are members.

You are being asked to complete this questionnaire so that Rainbow may continue to promote the high ideals and basic virtues of the Order. This application will be kept on file in the office of the Supreme Deputy/Inspector of this Jurisdiction for a period of one year. All responses will be held in the strictest confidence. Thank you for your cooperation and assistance.

PLEASE PRINT OR TYPE

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: _____
Date of Birth: _____ Place of Birth: _____
Nickname: _____
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): _____

Education:
High School: _____ Location: _____
College(s): _____
Additional Training: _____

Driving: Do you have a Ohio Driver's License? **Yes No**
Driver's License # _____ (copy of Driver's License - OK without SS#) _____
Auto Insurance Co: _____ (proof of insurance attached) _____
Has your license been suspended or revoked in last 10 years? **Yes No**
If yes, please explain: _____

As a motor vehicle operator, have you ever been in any of the following types of motor vehicle accidents?

YES NO Involving fatalities, no matter when: _____

YES NO Involving personal injury: _____

YES NO Have you ever been convicted of driving under the influence of alcohol or drugs, drunk driving, reckless driving or careless driving?

If yes, please explain _____

Do you have any health limitations or considerations that would limit your role as a Rainbow Adult Advisor? _____ If yes, explain: _____

Have you used any illegal drugs, or been treated or hospitalized for drug use?

YES NO If yes, please explain: _____

Have you used any alcohol excessively, or been treated or hospitalized for use of alcohol? **YES**

NO If yes, please explain: _____

Have you been convicted of any crime (excluding minor traffic offenses)? **YES NO** If yes, please explain: _____

I declare that I am fully qualified to make this statement, and under oath state that all of the information is true and correct.

- I have never been arrested for and convicted of any crime of moral turpitude.
- I have never been arrested for and convicted of any crime involving child abuse, child molestation, child exploitation or any other like or similar crime involving a child as same is defined by any law of the United States, Ohio (i.e., Section 109.572 of the Ohio Revised Code), county, or municipality.
- I am not, to the best of my knowledge, listed by any Department of Human Services, or any other federal, state, county, or local agency having responsibility for overseeing the welfare of children, as a suspicious person.

Please check the appropriate Masonic affiliations:

___ Masonic Lodge (Name & #) _____ State: _____

___ Eastern Star (Name & #) _____ State: _____

___ Scottish Rite _____ Amaranth Court _____

___ Royal Arch _____ White Shrine _____

___ Council Royal & Select _____ Majority Rainbow Girl _____

___ Commandery _____ (Assembly & #) _____

___ Shrine _____ Senior DeMolay _____

___ Other _____ (Chapter & Location) _____

Are you a relative of a Rainbow Member? **Yes No** (Assembly Name & #) _____

___ Parent ___ Grandparent ___ Legal Guardian ___ Other (list) _____

Have you ever worked as an Adult Leader with other Youth Groups? **YES NO**
Please list and describe advisory role: _____

Has any adverse action been taken against you by any youth, church, school or day care center while you were an employee or volunteer? **YES NO**
If yes, explain: _____

To the best of your knowledge and belief, are there any facts or circumstances involving you, or your background, that would call into question you being entrusted with the supervision, care and guidance of young people? **YES NO**
If yes, please explain: _____

References:

List three (3) people who have known you for at least 5 years who we may contact if we need more information about you. Only one of these individuals may be a member of your immediate or extended family.

Name: _____ Relationship: _____
Street: _____
City/State/Zip: _____
Phone Number (HOME) () _____ (WORK) () _____

Name: _____ Relationship: _____
Street: _____
City/State/Zip: _____
Phone Number (HOME) () _____ (WORK) () _____

Name: _____ Relationship: _____
Street: _____
City/State/Zip: _____
Phone Number (HOME) () _____ (WORK) () _____

I understand that I will be required to provide a background check from the Bureau of Criminal Identification and Investigation at my expense and submit it to the Supreme Deputy/Inspector in Ohio before I serve as an advisor or volunteer.

I understand that the information I have provided may be verified and that the individuals and organizations named may be contacted. I hereby release, indemnify, and agree to hold harmless from any and all liability to me, any such persons and organizations who, in good faith, provide information in response to an inquiry arising out of this profile.

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 use on behalf of the International Order of the Rainbow for Girls of any information provided as a result of, or in connection with, this profile.

I similarly release, hold harmless, and agree to indemnify such organizations and individuals from any and all liability to me in connection with their good faith efforts to gather information about me as a result of, or in connection with, this profile.

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.