



# Job's Daughters International

## Certified Adult Volunteer Application & Profile CANADA

Read this form before completing and signing it. If you disagree with any intended uses of the information or are unwilling to have this information collected, used, released, and stored as set out below, do not complete this form.

This profile is for the use of JDI. The information provided will be used for determining your suitability for service as a Certified Adult Volunteer (CAV). The information you provide will be released to one or more third parties, including private investigating agencies and law enforcement agencies, for the purpose of conducting background inquiries, including criminal history checks. The original form will be retained in the office of the Executive Manager of JDI.

This form shall be RECEIVED by the Supreme office NO LATER than 6 months after your date of attendance at a Certified Adult Volunteer (CAV) class in order to be considered valid for processing. There are NO EXCEPTIONS to this deadline.

Please Type or Print **legibly** all of the information you provide. Pencil entries cannot be accepted. If you need space for further information, please use the back of the form. All portions of the form must be completed, incomplete forms will be returned without action.

### Personal Data

- Name \_\_\_\_\_  
(Last) (First) (Middle Name – not just the initial)  
Gender: Male Female (Circle One)
- Other Names Used: \_\_\_\_\_ Maiden Name \_\_\_\_\_
- Address \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone (or daytime number) \_\_\_\_\_  
Email: \_\_\_\_\_
- Marital Status and Name of Spouse, if applicable: \_\_\_\_\_
- Prior address, for the last 10 years; length of time at each address \_\_\_\_\_  
\_\_\_\_\_
- Have you ever worked as an Adult with any other Youth Group? \_\_\_ YES \_\_\_ NO  
If so, please list and describe: \_\_\_\_\_  
\_\_\_\_\_
- Previous CAV \_\_\_ YES \_\_\_ NO

### Employment Profile

- What is your occupation? \_\_\_\_\_
- Name and address of current employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Length of employment: \_\_\_\_\_

11. If employed elsewhere in the last 10 years, addresses and lengths of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Educational Profile*

12. Last grade completed? \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
13. Enter the names, locations and date of attendance for any high schools you attended: \_\_\_\_\_  
\_\_\_\_\_  
14. Enter the names, locations, dates of attendance, and degrees earned at any colleges or universities attended: \_\_\_\_\_  
\_\_\_\_\_

### *Driver's Profile*

15. Have you ever been denied a license to operate a vehicle?  YES  NO (If YES, explain) \_\_\_\_\_  
\_\_\_\_\_  
16. Has your driver's license ever been suspended or revoked?  YES  NO (If YES, explain) \_\_\_\_\_  
\_\_\_\_\_  
17. In the past 10 years have you ever been arrested or received any tickets for driving under the influence of alcohol or drugs, drunk driving or reckless driving?  YES  NO (If YES, list and explain) \_\_\_\_\_  
\_\_\_\_\_  
18. If you do not currently have a valid driver's license or you are physically unable to drive, please initial this paragraph:  
I promise I will not drive any automobile or other vehicle as a volunteer for Job's Daughters International. \_\_\_\_\_

### *Personal Profile*

19. Have you used any illegal drugs, or been treated or hospitalized for the abuse of any drug, legal or otherwise, in the last 10 years?  
 YES  NO (If YES, list and explain) \_\_\_\_\_  
\_\_\_\_\_  
20. Have you used alcohol excessively or been treated or hospitalized for the excessive use of alcohol, alcohol poisoning, alcohol detoxification, or any similar condition based on alcohol use in the last 10 years?  
 YES  NO (If YES, list and explain) \_\_\_\_\_  
\_\_\_\_\_  
21. Have you ever been charged, arrested, or convicted of any of the following?  
 YES  NO a. Wrongful possession, use, or transfer of alcohol or tobacco products to any improper recipient, including minors.  
 YES  NO b. Possession, use, or transfer of illegal drugs or drug paraphernalia.  
 YES  NO c. Improper or criminal conduct in which the alleged victim, co-conspirator, or other involved individual was a minor.  
 YES  NO d. Activities in which you allegedly physically or sexually abused anyone, male or female, or allegedly condoned such abuse by others.  
 YES  NO e. Activities in which you allegedly were involved in the creation, possession, use or transfer of child pornographic materials.  
 YES  NO f. Any conduct involving violence, including family violence.  
 YES  NO g. Any conduct related to the unlawful possession, use, or transfer of a firearm or explosive device.  
 YES  NO h. Any conduct that could reasonably be construed to make you unfit to supervise minors  
If yes to any of the above, list and explain all charges, arrests, or convictions: (attach separate page if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever been removed from a Bethel /Grand Guardian Council or has any adverse action, including termination, been taken against you by any YOUTH organization, school, church, or day care center while you were an employee or volunteer for such organization or entity?

YES  NO (If YES, list and explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. To the best of your knowledge and belief are there any facts or circumstances involving you or in your background that would call into question your suitability for being entrusted with the supervision, guidance and care of young people?

YES  NO (If YES, list and explain) \_\_\_\_\_  
\_\_\_\_\_

24. Has your CAV status ever been suspended or revoked?

YES  NO (If YES, list and explain) \_\_\_\_\_  
\_\_\_\_\_

### Reference Profile

(Reference list must be fully completed. References may be contacted.)

25. List three people who have known you for at least 5 years. Only one of these individuals may be a member of your immediate or extended family.

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

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

City / State/Prov. / Zip/Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

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

City / State/Prov. / Zip/Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

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

City / State/Prov. / Zip/Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### Certification, Indemnification, and Hold Harmless Agreement

I freely and voluntarily provide the information submitted on this form. I give my permission to Job's Daughters International (JDI) to gather further information about me in order to determine my suitability for service as a Certified Adult Volunteer (CAV) with JDI. I understand that the safety and best interests of the members of JDI are the paramount considerations in determining my suitability. I authorize JDI to provide the information I have submitted to various individuals, entities, and agencies for the purposes stated in this form. I understand and agree that said individuals, entities, or agencies may review, inquire into, and provide reports regarding my background to JDI. I understand that these reports may include, but are not limited to: criminal records, educational reports, employment reports, and driver's license records. In connection with my request to be allowed to serve as a CAV of JDI, I request and authorize all individuals, corporations, current and former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, federal agencies, and military services to release information they may have about me to the person or entity to whom this form has been provided by JDI.

I understand that my information connected to this application will be kept in secure storage at SGC headquarters in Papillion, Nebraska.

By signing this form, I specifically and wholly release, hold harmless, and agree to indemnify Job's Daughters International, Supreme Guardian Council, its subordinate organizations, and all of its and their members, officers, employees, agents, contractors, and volunteers from any and all liability to me, my heirs, survivors, successors in interest, assigns, or anyone claiming through me, in connection with the collection, storage, release, or use of, on behalf of JDI, any information provided by me or derived through any inquiry, investigation, or review of records arising from my submission of this form and my request to serve as a CAV with JDI.

I promise that, as a CAV of JDI, I will protect the safety of its members, act only in their best interests, comply with the governing documents of JDI, and that I will obey the laws of my city, province, and nation.

I understand and agree that the cost of conducting the background investigation is included in the application fee. I agree to pay that cost prior to the initiation of the investigation, and I understand that no investigation will begin until I have made that payment.

I certify that the information provided herein is complete and accurate. I will immediately notify JDI of any changes in that information. I understand that I am not entitled to a position as an officer or volunteer in JDI, and that service in those capacities is a privilege, not a right.

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

Date and Location of CAV Class Attendance: \_\_\_\_\_

**Please Note:**

**Your Certified Adult Volunteer Application & Profile Form and your Authorized Release Form must be signed. A US funds check for \$46.00 made payable to "Job's Daughters International" or Credit card information as provided below must accompany this application. Incomplete forms will not be processed. The check must be your personal check or Money Order. No third party check will be accepted.**

*Credit Card Information*

MasterCard or Visa (Circle One) Credit Card Number \_\_\_\_\_

Name as it appears on Card (Print) \_\_\_\_\_

Expiration Date of Card \_\_\_\_\_

Signature \_\_\_\_\_

**Mail your Application and payment to:**

**Job's Daughters International  
233 W. 6th Street  
Papillion, NE, USA 68046**