



Job's Daughters International

Certified Adult Volunteer Renewal Application

Australia

This form may only be used by Certified Adult Volunteers that have current CAV Status on file with the Executive Manager. If your CAV status has lapsed, you must attend a Certified Adult Volunteer (CAV) class again and you must reapply for CAV status using the CAV Application & Profile Form YPP 001 AUS.

This form shall be RECEIVED by the Supreme Office at least 30 days PRIOR to your CAV expiration date. It may not be sent sooner than 90 days in advance of your CAV expiration date.

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)
- Address: _____
City: _____ State: _____ Postcode: _____
Home Phone: _____ Work Phone (or daytime number) _____
E-mail address: _____
- Bethel No. _____ City: _____ State _____
- CAV # _____
- Current Title in BGC/ JGC/ GGC/ SGC (if any): _____

Updated Profile Information

Complete these update questions about personal information changes. Any questions answered "YES" must be explained in writing. Attach your answers to this form.

- Since your last CAV certification, have you had your driver's license revoked or suspended for any reason?
____ YES ____ NO (If YES, explain) _____
- Since your last CAV certification, were you involved in any motor vehicle accidents that resulted in personal injury or fatality?
____ YES ____ NO (If YES, explain) _____

8. Since your last CAV certification, have you been arrested or received a ticket for driving under the influence of alcohol or drugs, drunk driving, reckless driving or careless driving?
 _____ YES _____ NO (If YES, explain) _____
9. Since your last CAV certification, has your driving status changed?
 _____ YES _____ NO (If YES, explain) _____
10. Since your last CAV certification, have you used any illegal drugs, or been treated or hospitalized for drug use?
 _____ YES _____ NO (If YES, explain) _____
11. Since your last CAV certification, have you used alcohol excessively or been treated or hospitalized for alcohol use?
 _____ YES _____ NO (If YES, explain) _____
12. Since your last CAV certification, have you been accused, charged, arrested or convicted of any crime?
 _____ YES _____ NO (If YES, explain) _____
13. Have you ever been removed from a Bethel/Jurisdictional/Grand/Supreme Guardian Council position 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, explain) _____
14. 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, explain) _____
15. Since your last CAV certification, have you had a name change?
 _____ YES _____ NO (If YES, Please list your prior full name) _____
16. Since your last CAV certification, have you had an address, phone or email changed?
 _____ YES _____ NO (If YES, Please list your prior address) _____

Affirmation of Understanding of JDI Youth Protection Standards

Read carefully and initial your agreement of the following JDI Youth Protection Standards:

- _____ I have read, understand and agree to follow the Policy and Guidelines as set forth in the JDI Youth Protection Program & Policy. <https://jobsdaughters.files.wordpress.com/2016/07/ypp-policy-can.pdf>
- _____ I understand that I am to report all violations of the JDI Youth Protection Program & Policy as outlined in the Policy.
- _____ I understand that proper supervision by CAVs is required at all Job's Daughters meetings and activities as outlined in the JDI Youth Protection Program & Policy.
- _____ I understand that in my role as a CAV I am also governed by the Constitution and Bylaws of JDI and the Rules & Regulations of the SGC and my GGC / JGC / BGC.
- _____ I understand that my use of illegal drugs or alcohol while serving in a CAV capacity **OR** at a Job's Daughters function with Daughters present is strictly prohibited.
- _____ I understand that I must continually maintain a positive notice Blue Card to be considered a CAV.

_____ I understand that any violation of the JDI Youth Protection Program & Policy may mean the loss of my status as a CAV and that the JDI Board of Trustees is the enforcement authority of the JDI Youth Protection Program.

_____ I further understand and authorize JDI to verify the information listed in this CAV Renewal Application.

Acknowledgement of CAV Renewal Application

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.

By placement of my signature on this CAV Renewal Application, I acknowledge my understanding of the JDI Youth Protection Program and Policy and agree to follow it.

Signature: _____ **Date:** _____

Please Note:

This form is to be RECEIVED by the Supreme Office no sooner than 90 days and no later than 30 days PRIOR to your current CAV expiration date in order to be considered valid for processing.

Your Certified Adult Volunteer Renewal Application must be signed.

A legible photocopy of your Blue Card must accompany this application.

The registration application fee is \$10.00 in US Funds and must accompany this application:

- International money order in US Funds for \$10.00 and payable to “Job’s Daughters International”
- OR**
- Credit card information provided below

<i>Credit Card Information</i>	
Mastercard or Visa (Circle One)	Credit Card Number _____
Name as it appears on Card (Print) _____	
Expiration Date of Card _____	
Signature _____	

Scan or mail your Application and payment to:
Job’s Daughters International
233 W. 6th Street
Papillion, NE, USA 68046

If you are using a credit card for registration payment you may send a scan of this form and a scan of your positive notice Blue Card via e-mail to sgc@iojd.org. You will receive an acknowledgement when the e-mail is received, if acknowledgement has not been received within 10 days please contact the Supreme office at 0011 1 402 592 7987.