



# Job's Daughters International

## Certified Adult Volunteer Renewal Application CANADA

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 CAN.

**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**. Pencil entries cannot be accepted. If you need space for further information, please use the back of the form or attach a separate sheet.

### Personal Data

- Name \_\_\_\_\_  
(Last) (First) (Middle Name – not just the initial)
- Address \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone (or daytime number) \_\_\_\_\_  
Email: \_\_\_\_\_
- Bethel No. \_\_\_\_\_ City \_\_\_\_\_ Prov: \_\_\_\_\_
- 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) \_\_\_\_\_
- 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) \_\_\_\_\_
- Since your last CAV certification, has your driving status changed?  
\_\_\_ YES \_\_\_ NO (If YES, explain) \_\_\_\_\_
- 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 number or email change?  
 YES  NO (If YES, Please list your prior address) \_\_\_\_\_

### *Affirmation of Understand 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.
- \_\_\_\_\_ 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 as 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 at any time a background check may be obtained by JDI and that any adverse findings may mean the loss of my status as 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** \_\_\_\_\_

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.

Incomplete forms will not be processed.

The renewal application fee is \$20.00 in US Funds and must accompany this application:

- International money order in US Funds for \$20.00 and payable to “Job’s Daughters International”
- WE CANNOT ACCEPT CANADIAN POSTAL MONEY ORDERS
- Or Credit card information provided below

*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**