

ADULT WORKER PROFILE FORM - BASELINE APPLICATION

Grand Assembly of Colorado IORG

FORM MUST BE COMPLETED BY ALL NEW ADULT WORKER VOLUNTEER LEADERS
SIGNED AND RETURNED TO THE SUPREME OFFICER
_____, **Supreme Deputy in Colorado**

Or Email as a PDF to: _____

(Adult Worker Volunteers who complete this form do NOT need to complete it again unless requested by Supreme Officer, but will be required to submit an annual "online" update form.)

Please type or print legibly

Personal Information

Name: _____

Address: _____

How long at current address? ____ If less than 7 years, provide addresses for prior 7 years.

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Last 4 digits of Social Security Number: _____ Date of Birth: _____

Marital Status: _____ Name of Spouse: _____

Assembly Name and #: _____ Position: _____

Occupation: _____ Employed by: _____

Military Service (Branch/Service Dates: _____

Certifications, Degrees, and Professional Licenses:	Issued by:	Issued when:

Hobbies or special talents you could share with CO IORG (carpentry, sewing, painting, web design, marketing, etc.)

Masonic and Fraternal Memberships

I am a Majority Member of _____ Assembly # _____ located in
City _____ Jurisdiction of _____

I am a member in good standing in the Sponsoring Order listed below:

- Masonic Lodge: _____ # _____ Jurisdiction: _____
- OES Chapter: _____ # _____ Jurisdiction: _____
- Order of Amaranth Court: _____ # _____ Jurisdiction: _____
- White Shrine of Jerusalem Shrine: _____ # _____ Jurisdiction: _____
- Non-Affiliated Spouse of a member of Sponsoring Order listed above. Yes _____

Please list spouse's affiliation: _____

Parent/legal guardian or grandparent of _____ (member) who is/was a member
of _____ Assembly # _____ Located _____

Personal References (Please include references, even if known for over 6 months)

Those who are new to Colorado Rainbow, not known by a Rainbow leader for at least six months, may also be required to:

1. Provide three personal references, at least two of whom must be from outside of Rainbow
2. Complete a face to face interview with the Advisory Bd, Grand Deputy or Supreme Officer.

Name	Address	Phone Number or Email address	Relationship	Length of Acquaintance

Other Youth Group Involvement

Please list other youth groups with whom you have worked or volunteered, as an adult.

Organization:	Dates:	Duties:	Contact Person and Phone Number:

CONFIDENTIAL BACKGROUND INFORMATION

Responses to the questions in the Confidential Background Information section of the Adult Worker Profile are confidential. Concerns regarding this portion of the Adult Worker Profile will be addressed by the Supreme Officer and the applicant. (Use the reverse side if you need more room for explanation)

DRIVER INFORMATION

YES	NO	Do you have a current COLORADO Driver's License ? If NO, do you have a current license in another state? (list state) _____ <i>Note: Driver's license and copy of insurance must be on file with the Assembly where you volunteer if you will be transporting girls.</i>
------------	-----------	--

YES	NO	Has your driver's license been suspended/revoked during the past 7 years? If YES , please describe with dates:
------------	-----------	--

YES	NO	Have you been involved in any vehicle accident during the last 7 years for which you were cited or otherwise found at fault? If YES, please describe with dates:
------------	-----------	---

YES	NO	Have you been cited for DUI/drugs or alcohol while driving , etc. during the past 7 years? If YES, please describe with dates:
------------	-----------	---

YES	NO	Are you taking any medications that might compromise your ability to drive or make decisions? If YES, please list medication and side effects.
------------	-----------	---

PERSONAL INFORMATION

YES	NO	To the best of your knowledge and belief, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, care and guidance of young girls? If YES, Please describe:
------------	-----------	---

YES	NO	Do you have any physical or health limitations that should be considered when dealing with Assembly Members or assisting with Assembly activities such as night driving, seizures, etc.? If YES, Please describe
------------	-----------	---

YES	NO	Have you used illegal drugs or been treated/hospitalized for alcohol OR drug abuse in the past 7 years? If YES, Please describe with dates:
-----	----	--

YES	NO	Have you been a party in any criminal or civil litigations that might be questioned by others related to your work with Colorado Rainbow Girls? If YES, Please describe with dates:
-----	----	--

YES	NO	Has any adverse action been taken against you by any youth, daycare center, school or church while you were an employee or volunteer? If YES, Please describe with dates:
-----	----	--

YES	NO	Have you been involved in any activity involving inappropriate or illicit internet content, images or innuendos ? If YES, Please describe:
-----	----	---

YES	NO	Have you ever been convicted of any crime involving child abuse, child molestation, child exploitation or any other like crime involving a child as defined by any law of the United States, a state, province or a municipality? If YES, Please describe with dates:
-----	----	--

YES	NO	Do you have any confirmed cases of child abuse and/or neglect as determined by a county Department of Human Services whether or not you are identified on the Colorado Department of Human Services Trails database. If YES, Please describe with dates:
-----	----	--

YES	NO	Have you been convicted of a felony ? If YES, Please describe conviction with dates:
-----	----	---