



DEMOLAY  
ADULT WORKER APPLICATION

2016

<b>Section 1 – Personal Information – Please Print</b>		
Full Name as it appears on Driver's License: LAST NAME: FIRST NAME: MIDDLE:		
Chapter Name:		Chapter ID #
DeMolay ID# (If you are new to DeMolay you will not have an ID#.)		Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security Number:	Driver's License Number/State:	Date of Birth: (MM/DD/YYYY format)
Address 1:		
Address 2:		
City:	State:	Zip
Phone (Work):	Phone (Home):	Phone (Cell):
Email:	<input type="checkbox"/> I hereby grant to DeMolay the privilege of communicating to me via email and grant permission to include me in bulk emails, recognizing that I have the ability to unsubscribe at any time should I desire to do so.	

<b>Section 2 – Standards of Service Read carefully and initial each of the DeMolay service standards listed below</b>			
Initial	I understand that as a DeMolay Adult Worker, I am responsible for being a role model.	Initial	I further acknowledge that my service as an Adult Worker is at the complete discretion of the Executive Officer and that I may be removed at any time with or without cause.
Initial	I understand that I am to follow the Youth Protection and Risk Management rules and procedures at all times.	Initial	I understand that I am governed by the Rules & Regulations of DeMolay International and the bylaws of its subordinate organizations
Initial	I understand that I am to report all violations of DeMolay procedure to my Council Chairman or Executive Officer whether or not I am personally involved or have observed them.	Initial	I understand and grant to DeMolay, their representatives, and/or assigns, the right and permission to copyright and use, re-use, and publish, photographic images of me or in which I may be included, in whole or in part, or composite in character or form, without restriction as to changes or alterations for any other legal purpose. I hereby waive any right that I may have to inspect or approve the finished product or products or the copy or printed matter that may be used in connection therewith or the use to which it may be applied.
Initial	I understand that proper supervision is required for all DeMolay functions.		
Initial	I understand that the use of drugs or alcohol at DeMolay functions will not be tolerated and I will report any violations of this policy immediately.		
Initial	I further authorize DeMolay International to verify this information and to satisfy itself that I should be trusted to work with young people.		
Initial	I understand that this may include a criminal background inquiry and checking the Sex Offender Registry.		

This Form to be used for: <input type="checkbox"/> Chapter Registration <input type="checkbox"/> Priority Registration <input type="checkbox"/> Jurisdictional Staff <input type="checkbox"/> Volunteer Only	Chapter Position: <input type="checkbox"/> Chairman <input type="checkbox"/> Chapter Advisor <input type="checkbox"/> Advisor	Annual Fee Information: <input type="checkbox"/> \$48 ACR Fee (First registration) <input type="checkbox"/> Already paid w/another chapter (Chapter #: _____)  Date D.A.D. Trained _____
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Advisory Council Chairman Recommendation Chairman Signature: _____	Date: _____
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<b>Executive Officer Approval –</b> I certify that I have examined the information provided above, and I <input type="checkbox"/> DO / <input type="checkbox"/> DO NOT appoint this person to <input type="checkbox"/> CONTINUE AS / <input type="checkbox"/> BECOME a DeMolay Adult Worker.	
Signature: _____	Date: _____

Section 3 Profile Information

**Personal Profile**

1. Marital Status and name of Spouse, if applicable:
2. Prior addresses for the last 5 years; length of time at each address:
3. Have you ever worked as an Adult with any other Youth Group? YES  NO  If so, please list and describe:

**Masonic Membership Profile**

4. Please tell us about your Masonic Memberships (If any)
  - Masonic Lodge Name & Number \_\_\_\_\_ State \_\_\_\_\_
  - Senior DeMolay – Name of Chapter \_\_\_\_\_ Location \_\_\_\_\_
  - Scottish Rite                       York Rite                       Shrine                       Order of the Eastern Star

**Employment Profile**

- |                             |  |
|-----------------------------|--|
| 5. What is your occupation? | 6. Name & address of current employer? |
|-----------------------------|--|

**Educational Profile**

7. What are the names, locations and dates of any high school you attended?
8. What are the names, locations and dates of any colleges or universities you attended?

**Driver's Profile**

9. Have you ever been denied a license to operate a motor vehicle? YES  NO  (if yes include explanation)
10. Has your driver's license ever been suspended or revoked within the last 10 years? YES  NO  If YES, list and explain:
11. As a motor vehicle operator, have you ever been in any of the following types of motor vehicle accidents whether at fault or not?
  - YES  NO  a. Involving fatalities, no matter when
  - YES  NO  b. Involving personal injury in the last 5 years
 If YES, list and explain:
12. Have you ever been charged, arrested or received any tickets for driving under the influence of alcohol or drugs, drunk driving, reckless driving, careless driving, or speeding no matter when? YES  NO 
 If YES, list and explain:
13. List any moving violations you have received in the last 5 years:
14. Have you ever been accused, arrested, charged, or convicted of any type of crime? YES  NO  If YES, list and explain:
15. Have you ever been accused, arrested, charged, or convicted of any of the following?
  - YES  NO  a. The possession, use or transfer of alcohol
  - YES  NO  b. The possession, use or transfer of illegal drugs
  - YES  NO  c. Crimes in which the alleged victim or accomplice 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 pornographic materials
 If YES, to any of the above, list and explain all charges, arrests, or convictions:
16. Do you have any health limitations or health considerations that would limit your role as a "DeMolay Adult Worker"?
 YES  NO  If YES, list and explain:
17. Have you used any illegal drugs, or been treated or hospitalized for drug abuse in the last 10 years? YES  NO  If YES, list and explain:
18. Have you used any alcohol excessively or been treated or hospitalized for use of alcohol in the last 10 years? YES  NO  If YES, list and explain:
19. Has any adverse action been taken against you by any YOUTH organizations, school, church, or day care center, while you were an employee or volunteer for such organization or entity? YES  NO  If YES, list & explain:

20. 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 you being entrusted with the supervision, guidance and care of young people? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list and explain:	
21. Has any adverse action been taken against you by any professional association, philanthropic, state or federal licensing bureau or academic institution, while you were an employee or volunteer for organization or entity? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list and explain:	
<b>Reference Profile - <i>References must be fully completed or the form will be returned to your Executive Officer</i></b>	
21. List three 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)	
21a. Name	Relationship
Street Address:	
City/State/Zip	Phone Number:
21b. Name	Relationship
Street Address:	
City/State/Zip	Phone Number:
21c. Name	Relationship
Street Address:	
City/State/Zip	Phone Number:
22. I am aware that one purpose of this form is to obtain my permission to allow a <b>consumer report</b> to be obtained on me in the course of consideration for employment or volunteer purposes: <b>criminal records, education, employment, or driver licenses</b> records may be obtained. In connection with this request, I authorize all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. This releases the aforesaid parties from any liability and responsibility for collecting the above information.	
I release, hold harmless, and agree to indemnify DeMolay International, its chapters, advisory councils, and all other DeMolay bodies, organizations, and sponsoring organizations and their officers, employees, agents, and volunteers from any and all liability to me in connection with their good faith use, on behalf of DeMolay, of any information provided as a result of, or in connection with, this profile, and 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 DeMolay Adult Worker, I will bear true allegiance to DeMolay International, and to the Executive Officer in this Jurisdiction, and I will obey the Bylaws, Rules and Regulations of DeMolay International, and the laws of my city, state, and nation.	
In signing this Profile, I certify that the information provided herein is true, complete and accurate. I promise to immediately notify the Executive Officer in this jurisdiction of any changes in the information supplied above.	
<b>Signature:</b> _____ <b>Date:</b> _____	

<b>Section 4 - Certification</b>	
<b>Sponsor's Certification – <i>Failure to Obtain Required Signatures May Result in Delays with your registration</i></b>	
Being aware that the person would be associated and working with youth associated with DeMolay, I have reviewed the information set forth above. Based upon my knowledge, I am not aware of any reason the above person is inappropriate to serve as a DeMolay Adult Worker and to assist in the DeMolay program of affording a constructive, healthy, and fraternal experience for young men.	
Name of Sponsoring Body:	Presiding Officer's Signature:
Address:	Print Name:
City, State, Zip	Date:



## Commonwealth of Massachusetts Criminal Offender Record Information (CORI)

A CORI (Criminal Offender Record Information) is a person's criminal history. You will have a Massachusetts CORI if you have ever been charged with a crime in a state or federal court in Massachusetts, whether your case ended with a conviction, a finding of not guilty, charges were dismissed, or another outcome.

DeMolay is classified as a volunteer organization serving children under 18.

Last Six of your Social Security Number:

-   -

Father's Name:

\_\_\_\_\_ Last Name First Name

Mother's Name:

\_\_\_\_\_ Last Name First Name Maiden Name

I understand that Massachusetts DeMolay may process a CORI request.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date