



Rotary International District 3212 Youth Protection Policy (2015 – 2016)

STATEMENT OF CONDUCT FOR WORKING WITH YOUTH:

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians' spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual, and emotional abuse.

Rotary District 3212 Youth Protection Policy applies to all District activities that involve rotaractors, interactors and youths. This is not limited to the Youth Exchange Program but is all inclusive including Early Act, Interact, RYLA, Rotary Adventures, Rotaract programs or any program involving youth. It would include a club that uses local students who are not part of a formal Rotary Youth Program on a highway cleanup, or other project.

The Organizers are requested to read the following carefully

1. Rotary District 3212 VOLUNTEER and REFERENCE APPLICATION - is a 2 page form that the volunteer signs and submits to provide personal information, references, criminal history declaration, and consent and release section.
2. REFERENCE CHECKS - This is a documented follow up with the references listed on the Volunteer Application. These would be accomplished by the Rotary Club, Committee or Program that is holding the event. These are completed whenever a new application is submitted.
3. PERSONAL INTERVIEW should be conducted when all of the above measures have been completed and a determination is then made to accept or reject the volunteer.

The Organizing club or District that conduct outings and events must continuously be alert not only for the abuse and harassment issues outlined above, but for the physical safety of the youth. Particular attention should be paid to the condition of buildings owned, rented or otherwise utilized where youth programs take place, or with activities that present some risk or danger. When illness, injury and accidents do occur, appropriate medical certification for individuals, clinics and other facilities that treat young people should be utilized.

All act and activities shall be in line with maintaining the decorum.

Violating the policy can lead to disciplinary action against the offender



Volunteer Application Form

Name		
Date of Birth (DD/MM/YYYY)		
Gender	Male [] Female []	Please affix a recent Passport Size Photo
Category	Interactor [] Rotaractor [] Others _____	
Name of the Club (<i>If applicable</i>)		
Address for Communication		
Street		
Area / City		
District / Pin Code		
State		
Mobile / Land Line with STD Code		
Email id		
School / College Address (If applicable)		
Name of the School / College		
Area / City		
District / Pin Code		
State		
Mobile / Land Line with STD Code		
Email id		
Experience with Rotary Events (<i>If attended</i>)		

Declaration

I, _____ acknowledge that I have received and read the Youth Protection Policy and/or have had it explained to me. And also I have not involved in any criminal activity. I understand that it is my responsibility to obey the rules and regulations formed in Rotary District 3212 Youth Protection Policy. I know, violating this policy can lead to disciplinary action against me.

Date :

Signature of the Volunteer

Keep in mind that adult Rotary volunteers are stepping in the shoes of the parents who have entrusted their children to us.



Reference Application

Volunteer Suggested by	
Name of the Club <i>(If applicable)</i>	
Address for Communication	
Street	
Area	
City	
District	
State	
Pin Code	
Mobile	
Land Line with STD Code	
Email id	

Declaration

I know the volunteer _____, and I assure he/she will obey the rules and regulations of the event organised by Rc of _____

Or _____

Signature of the Referee

REGISTRATION FORM

Name of the Club	
Event Name	
Date of the Event	
Type of the Programme	School [] College [] Community [] Youth []
Expected Strength	

Declaration

We acknowledge that we have received and read the sexual abuse policy and/or have had it explained to us. We have checked the participant's details in person and assure physical and mental safety of the participants.

Secretary_____

President_____

RYLA Chairman_____

----- **For Office Use Only** -----

Approved by

Youth Protection Officer_____

District Governor_____