| Rotary Club Name | | | | | District | | | Page 1 of 7 | | V-1 | |
|---|------------------------|------------------------------------|---------------|-------------|----------|-----------------------|------------------|------------------------------|-----------------------------|------------|--------|
| | | | | | | | | | 1 ag | | V-1 |
| Rotary 🛞 Application to Participate in Rotary Youth Exchange (Background Information Required by US Dept. of State) (Updated 26Jan2017 - G) | | | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| First Name Midd | | | Middl | le Name | | I | ast Name (1 | In Caps e.g. SMI | AITH) Gender Male Female | | |
| Current Loca | tion | | | | | | | | | | |
| Stre | et Address | | | | Ci | ity | | State | | Zip | |
| If different, li | <mark>st locati</mark> | <mark>on for</mark> | . prev | vious s | sev | en veai | 'S | | | | |
| Period of Residence(From | | | | et Address | | <u> </u> | | City | State | Zi | р р |
| Period of Residence(From | date to date) | | Stre | eet Address | 1 | | (| City | State | Zi | þ |
| Period of Residence(From | date to date) | | Stre | eet Address | ; | | (| City | State | Zi | p |
| Period of Residence(From | date to date) | | Stre | eet Address | ; | | City | | State | Zi | p |
| Period of Residence(From | date to date) | Street Address | | | | City | | State | Zi | þ | |
| Period of Residence(From | date to date) | Street Address | | | ; | | City | | State | Zi | p |
| Period of Residence(From | date to date) | Street Address | | | | City | | State | Zi | p | |
| Contact Infor | mation | | | | | | | <u>_</u> _ | | | |
| Home Phone | | Work Phone | 9 | Cell Phone | | | E-mail | | | | |
| *Other Perso | nal Info | rmati | on | | | | <u> <u> </u></u> | | | | |
| Date of Birth (e.g. 25 | | | ountry of B | Birth | Cit | tizen of what o | country? | ntry? Social Security Number | | | |
|] | Drivers License | Number | | | | | S | State of Issue of D | river Lice | ense | |
| African American American In | | Indian | ndian 🗌 Anglo | | | Asian Hisp | | Hispanic 🗌 | ic 🗌 Other | | |
| Education Le | vel (Cho | eck hig | ghest | earne | ed o | <mark>degree</mark>) | | | | | |
| High School Diploma Bachelors Degree | | | | | Masters | Degree | [| Docto | rate | | |
| Relevant orga | | <mark>n and</mark> If yes, Club | | | | Ships ict No. | | Previous Rotar | y Club M | emberships | |
| Yes No List other relevant or | ganization a | nd club n | embers | hips – cui | rrent | t and past | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

*Used for background screening only and not for any other purpose.

| | Rotary Club Nam | e | | District | Page 2 of 7 V-1 |
|---|---|--|---------------|--|-----------------------------------|
| Volunteer H | listory with | Youth (e.g. Scoutir | g, School, Ch | urch, Sports – If neede | d, attach additional sheet(s) |
| Organization Nam | | | es of Service | Director Name | Phone Number(s) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Employmen | <mark>t History f</mark> a | o <mark>r Last Five Ye</mark> | ars | | |
| Current | Employer | Job Title | | Supervisor's Name | Supervisor's Phone |
| | treet Address | | City | State | Zip |
| 5 | ireet Address | | City | State | Zıh |
| Previous | Employer | Job Title | | Supervisor's Name | Supervisor's Phone |
| | | | | | • |
| S | treet Address | | City | State | Zip |
| | | | | | |
| Previous | Employer | Job Title | | Supervisor's Name | Supervisor's Phone |
| S | treet Address | | City | State | Zip |
| 5 | i eet mui ess | | eny | State | шр |
| Criminal Re | ord | | | | |
| | separate sheet | | | • • • – | Yes No of charge(s) and county |
| not limited to an <u>If yes</u> , attach country and stat | y domestic viol separate sheet te each took pla | lence or civil harass (s) describing each i ice. | ment injunc | tion or protective of ull. Give date(s) of | crime(s) and in which |
| Personal Re | | <mark>[wo required _</mark> | No relat | | |
| | Full Name | | | Relationshi | р |
| Stree | Address | | City | State | Zip |
| | | | | | r |
| Home Phone | Work Phone | Cell Phone | ne E-mail | | ail |
| | Full Name | | | Relationshi | р |
| C+ | Addross | | City. | Stata | 7in |
| Stree | Address | | City | State | Zip |
| Home Phone | Work Phone | Cell Phone | | E-m | ail |

| First Name | Middle Name | Last Name | Rotary Club Name | District | Page 3 of 7 | V-1 | | | |
|---|--|--|------------------|----------|-------------|-----|--|--|--|
| | | Declarati | ons | | <u> </u> | | | | |
| Rotary Youth Protection Policy | | | | | | | | | |
| Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. Rotarians, spouses, 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. (Adopted by the Rotary International Board of Directors, November 2006) | | | | | | | | | |
| Certification of T | <mark>Fruthfulness & Ag</mark> | reement to Follow Rotar | y Regulations | | | | | | |
| I certify that all of the statements in my Application, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect my Application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with any Rotary Youth Exchange program. I further certify that I understand that the intent of Rotary Youth Exchange Programs is to deny a position to anyone convicted of a crime of violence or a crime against another person. | | | | | | | | | |
| Exchange, the Rota understand that my either the named Ro Rotary District You | I further agree to conform to the rules, regulations, and policies of Rotary International, South Central Rotary Youth Exchange, the Rotary District Youth Exchange Program in which I am applying as a volunteer and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the named Rotary District Youth Exchange Program or its affiliates, or at my option. I understand and agree that this Rotary District Youth Exchange Program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause. | | | | | | | | |
| | The typing of my n | nderstand the above affida ame in the signature block | | | | | | | |
| /S/ | Signature or E-sig | nature | | D | ate | | | | |
| Release and Indemnification Agreement | | | | | | | | | |
| recognize that such | I waive any right to assert that the investigation that I have authorized above constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in Rotary Youth Exchange, and I fully consent to such investigations. | | | | | | | | |
| Rotary Clubs, Rotary Districts, SCRYE, and Rotary International act through their respective members, officers, directors, committee members, employees, and volunteers to administer the Rotary Youth Exchange Program. For the purpose of this release and indemnification provision, these entities and individuals are referred to as "Indemnities." To the extent of any applicable insurance, the Indemnities shall remain responsible for any damages resulting from their negligence in administering the program; investigating my background, and protecting the confidentiality of my personal information. I hereby release, agree to indemnify and hold harmless, and covenant not to collect damages from "Indemnities" for those damages that are over and above those covered by all applicable insurance policies. I execute this limited release of liability, indemnification and hold harmless agreement, and covenant not to collect damages in consideration of my acceptance and participation in the program. | | | | | | | | | |
| | arily. The typing o | l understand this Release f my name in the signatur | | | | | | | |
| /S/ | Signature or E-sign | ature | | Da | te | | | | |

Authorization to Investigate

Disclosure Regarding Background Investigation

South Central Rotary Youth Exchange and its member Rotary Districts ("SCRYE") may obtain information about you from a consumer reporting agency for volunteer service purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The Department of State requires that SCRYE secure a national criminal background check that includes the Department of Justice's National Sexual Offender Public Registry. Otherwise, the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteer service is an investigation into your education and/or employment history conducted by an organization that provides background investigations for non-profit organizations.

The scope of this notice and authorization is all-encompassing. It allows SCRYE to obtain from any outside organization all manners of criminal background checks, consumer reports, and investigative consumer reports now and throughout the course of your volunteer service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Acknowledgment and Authorization

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I certify that I have read and understand both of those documents. I hereby authorize the obtaining of criminal background checks, "consumer reports" and/or "investigative consumer reports" by SCRYE at any time after receipt of this authorization and throughout my volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by any organization acting on behalf of SCRYE that provides background investigations for non-profit organizations, another outside organization acting on behalf of SCRYE, or SCRYE itself. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

I acknowledge that I have read and understand this authorization to investigate. I sign this authorization voluntarily. The typing of my name in the signature block below is intended to be my electronic signature.

| cicci one signature. | |
|--------------------------|------|
| Signature or E-signature | Date |
| /S/ | |

| First Name | Middle Name | Last Name | Rotary Club Name | District | Page 5 of 7 | V-1 |
|---|--|--|--|---------------------------------------|--|--------------------|
| *A Sumi | mary of You | r Rights Under | the Fair Cre | dit R | eporting | Act |
| reporting agencies. ' agencies that sell in major rights under t | There are many types of formation about check he FCRA. For more in | RA) promotes the accuracy, fa of consumer reporting agencies writing histories, medical reco nformation, including inform write to: Consumer Financia | s, including credit bureau ords, and rental history re nation about additional | us and spe ecords). H rights, g | ecialty agencies (s lere is a summary o to | such as of your |
| • You must be told | | r file has been used against y ion for credit, insurance, or | | | | |
| | | give you the name, address, a | | | | |
| consumer reportin | g agency (your "file di | y our file. You may request and sclosure"). You will be require he disclosure will be free. You | ed to provide proper ider | ntification | , which may inclu | |
| you are the vic your file conta you are on pub | tim of identity theft and p ins inaccurate information lic assistance; | st you because of information in y place a fraud alert in your file; n as a result of fraud; r for employment within 60 days | our credit report; | | | |
| In addition, all cons | umers are entitled to or | ne free disclosure every 12 mo ting agencies. See www.consu | | | | |
| information from or scores used in resi | credit bureaus. You mag | core. Credit scores are numeri y request a credit score from c ans, but you will have to pay f e mortgage lender. | consumer reporting agen | cies that c | reate scores or di | |
| or inaccurate, and | report it to the consum | te or inaccurate information er reporting agency, the agency r an explanation of dispute pro- | cy must investigate unles | | | |
| incomplete, or unv | verifiable information n | rrect or delete inaccurate, in nust be removed or corrected, information it has verified as | usually within 30 days. | le inforn However, | nation. Inaccurate a consumer | 2, |
| | | report outdated negative in is more than seven years old, | | | | ency |
| valid need — usu | | ner reporting agency may proplication with a creditor, ins l for access. | | | | |
| information about | you to your employer, | s to be provided to employer or a potential employer, without ucking industry. For more inf | out your written consent | given to tl | ne employer. Wri | |
| Unsolicited "prese remove your name 888-5-OPTOUT (| ereened" offers for cred e and address from the 1 (1-888-567-8688). | credit and insurance you get lit and insurance must include lists these offers are based on. | a toll-free phone numbe You may opt out with th | r you can ne nationv | call if you choos vide credit bureau | 1s at 1- |
| | | If a consumer reporting age r reporting agency violates t | | | | |

• Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore

court.

*The state of Washington also has a "Fair Credit Reporting Act". Consequently, residents of the state of Washington also have the right to request from the company that runs the background report a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. A summary is included on the next two pages.

| First Name | Middle Name | Last Name | Rotary Club Name | District | Page 6 of 7 | V-1 | | | |
|--|---|---|--|---|---|------------|--|--|--|
| Background Investigation for Washington State Residents | | | | | | | | | |
| Washington Sta | ate Residents or E | mployees: | | | | | | | |
| The WFCRA is desig | | ngton State Fair Credit Reportin , fairness, consumer confidentia ments of the WFCRA. | | | | | | | |
| | The WFCRA is modeled after, and generally provides the same rights as, the federal Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681 <i>et seq.</i>) A summary of your rights under the FCRA is available at http://files.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf. | | | | | | | | |
| 98504, or online at ht the FCRA and the WI worthiness, credit star | The complete text of the WFCRA RCW 19.182, can be obtained from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA 98504, or online at http://apps.leg.wa.gov/rcw/default.aspx?cite=19.182&full=true%20- %2019.182.070. One significant distinction between the FCRA and the WFCRA is that in Washington, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reason(s) for using the information are disclosed in writing, or (2) the information is required by law. | | | | | | | | |
| The following is a sur | nmary of your major rig | hts under the WFCRA: | | | | | | | |
| Security number. You business hours and on the toll charge, as app your consumer report | • You will be required to provide proper identification before reviewing your consumer file. Proper identification may include your Social Security number. You may request to review your file at any time. A CRA will make disclosures of your file available to you during normal business hours and on reasonable notice. File disclosures may be done in person or by telephone, if you have made a written request and pay the toll charge, as applicable, or by any other reasonable means. A CRA will provide trained personnel to explain to you any information in your consumer report. Upon request, and proper identification, you may be permitted to bring one additional person with you to review your consumer file. If the CRA provides you with a credit score, the agency will also provide you with an explanation for that credit score. | | | | | | | | |
| □You have a right to know what is in your file. Upon proper identification, you may request and obtain all the information about you in the CRA's files, although medical information may be withheld, and instead will be disclosed to a health care provider of your choice. Your health care provider may disclose your medical information to you directly. Your file disclosure will include all items of information the CRA maintains about you, including sources of information (except sources acquired solely for use in an investigative report). The file will also identify each person who procured your consumer report for employment purposes during the two-year period preceding your request, or any person who procured your report for any other purpose within the six-months prior to your request. When applicable, a record of inquiries the CRA received identifying you in a credit transaction that was not initiated by you in the six-months prior to your file disclosure request. Each of these records will include the name of the person or trade name of the business that sought your consumer report every 12 months, upon request. In many cases, your file disclosure will be free. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period. You will also not be charged for: | | | | | | | | | |
| o the reinvestigation | of information you disp | verse action against you because ute; or n of inaccurate or unverifiable in | | port; | | | | | |
| or in part, on information | tion contained in a consu | has been used against you. If a pumer report, that person must tel RA that provided the information | l you (usually, through a v | | | | | | |
| inaccurate, a the disputed reinvestigati authorized n | and you notify the CRA of information before the e on, within five business neans, of the results of th | nplete or inaccurate information directly of the dispute, the CRA end of thirty business days, unle days of the CRA's decision, the ne reinvestigation. If the CRA de n its reasons, and your rights und | will reinvestigate without ss your dispute is frivolous agency will provide you etermines that your dispute | charge and s. Upon control notice in version of the second s. Upon control of the second seco | nd record the curre ompletion of the writing or through ous the agency wil | another | | | |

| First Name | Middle Name | Last Name | Rotary Club Name | District | Page 7 of 7 | V-1 |
|------------|-------------|-----------|------------------|----------|-------------|-----|
|------------|-------------|-----------|------------------|----------|-------------|-----|

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the CRA must delete the information and notify you of the correction. Information that has been found to be inaccurate will not be reinserted into your consumer file, unless the furnisher of the information verifies the accuracy and completeness of that information. In such circumstances, you will be notified, within thirty business days that the information is being reinserted into your file. If the reinvestigation does not resolve your dispute, you may file with the CRA a brief statement (that may be limited to 100 words) setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.
- Nou have the right to request that users of your consumer report be notified of any disputed information they previously received within the statutory time frame. After certain disputed information has been deleted or you have filed a statement of dispute, you may request that the CRA provides notification of that deleted item or item of dispute to any person you designate who has, within two years received your consumer report for employment purposes, or who has within six months received your report for any other purpose, if the furnished report contained the deleted or disputed information.
- Consumer reporting agencies may not report outdated negative information. In most cases, a CRA may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- • You have the right to advanced disclosure of any fees. Any charges for file disclosures or other requested actions to be taken by the CRA must be disclosed to you before the information is provided or the action is taken.
- Access to your file is limited. A CRA may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, court or government agency, or in accordance with your written instructions.
- • You must be notified if reports are provided to employers. A CRA may not give out information about you to employers without your knowledge. A potential employer must make a clear and conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that reports may be used for employment purposes.
- • Vou must be notified in writing if a person seeks an investigative consumer report about you. An investigative consumer report may include information as to your character, general reputation, personal characteristics, and mode of living. Within a reasonable period of time after receiving such notice, you may request, in writing, a disclosure as to the nature and scope of the investigation requested—which will be delivered to you within five days of your request.
- • Vou may limit "prescreened" offers of credit and insurance you get based on information in your credit report. You may elect not to receive unsolicited "prescreened" offers for credit and insurance by using the CRA's notification system to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- • You may place a security freeze on your credit report. Under certain circumstances, you may request that a security freeze be placed on your credit report to prevent it from being shared with potential creditors or insurance companies when making determinations related to your eligibility for credit.
- You may be able to block information resulting from identity theft from appearing on your credit report. If you are a victim of identity theft, certain CRAs must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the CRA with a copy of a police report as evidence of your claim before it can place the block on your report.

• You may seek damages from violators. If a CRA, a user of consumer reports, or a furnisher of information to a CRA violates the WFCRA, and you have a legal basis for a claim under the WFCRA, you may be able to bring a legal action in court to assert your rights under the WFCRA. The applicable statute of limitations is specified in Wash. Stat. § 19.182.120 —which is generally two years from the date the cause of action accrued. Consumers who prevail on claims to enforce the WCFRA may obtain actual damages, monetary penalties, reasonable attorneys' fees, costs, and other relief.

For questions or concerns regarding the WFCRA, please contact:

Office of the Attorney General Consumer Protection Division 800 5th Avenue, Suite 2000 Seattle, Washington 98104-3188 Phone 1-800-551-4636 or (206) 464-6684 Statewide Toll-Free TDD: 800-833-6388

Any complaints by consumers under state law may be directed to:

The Attorney General's Office via U.S. Mail or Online. Information and forms related to filing a consumer complaint can be found at: http://www.atg.wa.gov/FileAComplaint.aspx Additional information about consumer issues can be found at: <u>http://www.atg.wa.gov/consumer-issues</u>