



OREGON RAINBOW ADULT WORKER PROFILE

2013 Advisory Boards, Grand Deputies, Directors, Adult Workers

The purpose of this Adult Profile is to provide information to the Supreme Inspector which will maintain the high standards and quality reputation of Oregon Rainbow adult volunteers and to protect the Adult Workers and the girls of Oregon Rainbow. The form may be revised annually as necessary.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SUPREME INSPECTOR/DEPUTY PRIOR TO INSTALLATION ON THE ASSEMBLY'S ADVISORY BOARD. Failure to comply will result in removal from the Board.

This form and our Youth Protection Policy are in concert with our mandate from Supreme Assembly. The Policy is not intended to question anyone's integrity or to offend, but rather to ensure the safety of both girls and adults.

Additional disclosures were included beginning in 2009 in response to changes to our **Supreme Statute in 2006 which state in part:**

"Section 26. Conduct, Adults and Advisors

"The use of alcohol and/or illegal or illicit drugs by any adult is not permitted at or during any Rainbow function. Such use may constitute removal of eligibility to attend any Rainbow functions. The involvement in inappropriate or illicit Internet content or other written content conveyed by mail or texting or other such exchange of words on devices that have yet to be invented; or images or innuendos by any adult may subject her/him to expulsion. "Any adult expelled for cause, either from a Sponsoring Order or a non-affiliated associated adult, who has been convicted of/or admits to, in writing, the commission of a crime or offense involving false declarations or moral turpitude, or is punishable as a misdemeanor or felony in the Jurisdiction where committed, shall be barred from attending any Rainbow meetings or activities or serving in any capacity in Rainbow."

Please use the space provided to respond to every question. If additional space is needed, please use additional pages in order to answer every question completely.

NOTE: This form is retained by the Supreme Inspector in a CONFIDENTIAL file and will be retained for five years, after which it will be destroyed by shredding. A new form must be completed each year prior to one's being installed as an Advisory Board Member, serving as a Grand Deputy, Director, Board of Directors Member, etc. Information reported on this form will be discussed ONLY between the person affected and the Supreme Inspector. No further dissemination of this information will occur without specific written notification to the affected person, and then will be limited to review by the Grand Assembly Board of Directors who are held to the same standard of confidentiality.

Once completed, please provide to your Mother Advisor or mail directly to
Mrs. Debbie Noah, S.I., 732 SW Sleret Ave. Gresham, OR 97080

2013 Adult Worker Profile

Assembly with whom you are associated _____ # _____
as _____
(Mother Advisor, Board Member, Grand Deputy, Parent, Grandparent, Guardian, Step parent, etc.)

Name Complete Address

Phone numbers E-mail Social Security Number

Place and date of birth Marital Status Name of Spouse

Do you have a daughter actively involved in Rainbow? _____
(Her name/Assembly)

Adult Volunteer History

Please discuss below your adult experience working with Rainbow **and** other volunteer youth groups.

Masonic Affiliation

Masonic and Fraternal Membership (Please itemize) _____

Driver's Profile

Do you have a current Oregon Driver's License? _____

Have you ever been denied a driver's license? _____

Has your license been suspended/revoked in the past 5 years? _____

Do you have current insurance coverage on your car(s) that are being used to transport? _____

Please comment regarding the circumstances of these actions, if any:

Have you been involved in any motor vehicle accident in the last 5 years for which you were cited or otherwise found at fault? _____ If "yes", date: _____ and please explain: _____

Have you been cited for Driving While Intoxicated/Driving Under Influence, etc. during the past five years?

_____ If "yes", _____ date; _____ and please explain: _____

Are you currently taking any medications that might compromise your ability to drive or make decisions?

_____ If "yes", please explain. _____

Personal Profile

What is your occupation? _____

Where do you work? _____

Do you have health limitations which should be considered when dealing with Assembly members or assisting with Assembly activities? (i.e., night driving, seizures) Please explain: _____

Have you used illegal drugs or been treated/hospitalized for drug abuse in the last 10 years? _____
If "yes", date: _____ and please explain: _____

Have you been treated or hospitalized for alcohol use in the past 10 years? _____ If "yes", date: _____
and please explain: _____

Have you been involved in any criminal or civil action which might be questionable by others related to your work with the Assembly? _____ If "yes", date: _____ and please explain: _____

Have you ever been involved in or connected with a crime against a minor, or are you under court orders regarding restrictions against working with, supervising or associating with a minor? _____
If "yes", date _____ and please explain. _____

Have you been involved in any activity involving inappropriate or illicit Internet content, images or innuendos ? _____ If "yes", date: _____ and please explain: _____

Have you ever been convicted of a felony? If "yes", date: _____ and please explain _____

To the best of your knowledge and beliefs, are there any other facts or circumstances involving you or your background that would call into question your being entrusted with supervision, care and guidance of young people? _____
(If yes, please attach a detailed explanation.)

Attestation:

I have completed this form voluntarily, and in a true and accurate manner, as an Oregon Rainbow Advisory Board Member, Mother Advisor, Grand Deputy, Director, or other adult volunteer, as requested by the Supreme Inspector/Deputy. I understand if there is concern about my responses, the Supreme Inspector/Deputy will contact me directly.

Print your name

Sign your name

Date