



Advisory Council Registration Continuing Advisor Form*

2010

CHECK # _____
AMOUNT:\$ _____
Defer: \$ _____

***This form may only be used by the individual whose name is pre-printed below.** All others must use the "Advisory Council Registration: New Advisor Form."

ID #: _____	DAD Date: _____
2010 Registration Fee: \$20.00	AWP Date: _____
___ Fee paid with ISC Fee	CBC Date: _____
___ Fee paid with Chapter # _____	Yrs of Service: _____

SECTION 1 VERIFY PERSONAL INFORMATION MARK CORRECTIONS ON THE LINE BELOW ANY INCORRECT INFORMATION

Last Name _____	Full Name _____	Chapter Number _____	Chapter Name _____
Address _____			
Addl. Address _____		Birth Date _____	Advisory Council Position _____
City, State, Zip _____			
Work Telephone: _____	Home Telephone: _____	Sr. DeMolay: _____	Master Mason: _____
(____) _____ - _____	(____) _____ - _____		
Alt. Telephone: _____			
(____) _____ - _____			
Email: _____			

SECTION 2 UPDATED PROFILE INFORMATION*

Please complete these update questions about personal information changes since the submission of your last Adult Worker Profile (AWP) or Advisory Council Registration (ACR).

Any questions answered "YES," must be explained in writing and attached to this form.

CIRCLE YOUR ANSWER

- YES NO Since your last AWP or ACR, have you had any speeding tickets or moving violations of any kind?
- YES NO Since your last AWP or ACR, have you had your license revoked or suspended for any reason?
- YES NO Since your last AWP or ACR, were you involved in any motor vehicle accidents that resulted in personal injury or fatality?
- YES NO Since your last AWP or ACR, have you been arrested or received a ticket for driving under the influence of alcohol or drugs, drunk driving, reckless driving, or careless driving?
- YES NO Are there any health limitations or health considerations that would limit your role as a DeMolay Adult Worker?
- YES NO Since your last AWP or ACR, have you used any illegal drugs, or been treated or hospitalized for drug use?
- YES NO Since your last AWP or ACR, have you used alcohol excessively or been treated or hospitalized for alcohol use?
- YES NO Since your last AWP or ACR, have you been accused, charged, arrested, or convicted of any crime?
- YES NO Has any adverse action been taken against you by any YOUTH organization, school, church, or day care center, while you were a volunteer or employee of such an organization or entity?
- YES NO 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 your being entrusted with the supervision, guidance, and care of young people?

SECTION 3 STANDARDS OF SERVICE

Read carefully and **initial** each of the DeMolay service standards listed below

- ___ I understand that as a DeMolay Adult Worker, I am responsible for being a role model.
- ___ I understand that I am to follow the Youth Protection and Risk Management rules and procedures at all times.
- ___ I understand that I am to report all violations of DeMolay procedure to my Council Chairman or Executive Officer whether I am personally involved or have observed them.
- ___ I understand that proper supervision is required for all DeMolay functions.
- ___ 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.
- ___ I further authorize DeMolay International to verify this information and to satisfy itself that I should be trusted to work with young people.
- ___ I understand that this may include a criminal background inquiry and checking the Sex Offender Registry.
- ___ 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.
- ___ I understand that I am governed by the Rules & Regulations of DeMolay International and the bylaws of its subordinate organizations.

SECTION 4 ACKNOWLEDGEMENT FAILURE TO SIGN THIS FORM MAY RESULT IN DELAYS WITH THIS REGISTRATION

THE LINE BELOW MUST BE SIGNED BY YOU (the person who is registering to become an advisor).
By signing this form, I hereby certify that all information on this form is true and correct.

Signature

Date

**SECTION 5 APPROVAL FAILURE TO OBTAIN REQUIRED SIGNATURES MAY RESULT IN DELAYS WITH THIS REGISTRATION
COMPLETED BY COUNCIL CHAIRMAN AND EXECUTIVE OFFICER**

Recommended by: _____
Chairman Signature

Date

Approved by: _____
Executive Officer Signature

Date

****Remit this form to the Executive Officer along with \$20.00 payable to "DeMolay International"*****