



DEMOLAY INTERNATIONAL

2015

International Supreme Council  
Certificate of Change / No Change

ID#

ISC Class:

Fee: \$125.00

Inv. No:

Due Date: 12-31-2014

**Section 1 – Personal Information**

Name:

Senior DeMolay:

Intl Alumni Mbr:

Jurisdiction:

**Masonic Membership:**

Address:

Lodge: \_\_\_\_\_

City / State / Zip:

Number: \_\_\_\_\_ State: \_\_\_\_\_

W Tel:

H/C Tel:

DAD Training Level:

(1=DAD Trained 2=DAD Trainer 3=Master Trainer )

**Email:**

**Section 2 – Updated Profile Information**

Please complete these update questions about personal information since the submission of your last Adult Worker Application (AWA) or Certificate of Change / No Change (CC/NC).

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

**CIRCLE YOUR ANSWER**

- YES NO** Since your last AWA of CC/NC, have you had your license revoked or suspended for any reason?
- YES NO** Since your last AWA or CC/NC were you involved in any motor vehicle accidents that resulted in personal injury or fatality?
- YES NO** Since your last AWA or CC/NC have you been arrested or received a ticket for driving under the influence of alcohol or drugs, drunk driving, reckless driving, careless driving, or speeding?
- 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 AWA or CC/NC have you used any illegal drugs or been treated or hospitalized for drug use?
- YES NO** Since your last AWA or CC/NC have you used alcohol excessively or been treated or hospitalized for alcohol use?
- YES NO** Since your last AWA or CC/NC 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 & Risk Management rules and procedures at all times.
- \_\_\_\_\_ I understand that I am to report all violations of DeMolay procedure to DeMolay International and the Grand Secretary 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 my 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 understand that I am governed by the Rules & Regulations of DeMolay International and the bylaws of its subordinate organizations.

**Section 4 – Acknowledgement / Invoice**

*Special Note – Please remember that if you are registered with a chapter you do not pay any registration fee (\$20) with an ACR that fee is included in this \$125 membership fee.*

**INVOICE DELINQUENT AFTER JANUARY 1, 2015**

**ID# CLASS: INVOICE NO:**

**DO NOT COMPLETE PAYMENT SECTION IF YOU SUBMITTED YOUR PAYMENT ONLINE!**

INVOICE DATE	DUE DATE	TRANSACTION	AMOUNT DUE
October 1, 2014	December 31, 2014	2015 ISC Membership Fee	\$125.00
<i>Delinquent after January 1, 2015</i>		<i>(January 1 – December 1, 2015)</i>	

Method of Payment

Check (check No: \_\_\_\_\_)  Credit Card  
Type of Credit Card: \_\_\_\_\_ CCV: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(If you choose to pay by credit card, you may fax your payments to (816) 891-9062

– RETURN BOTH COMPLETED SIDES OF THIS FORM)

**The line below MUST be signed by the Class 1/Active or Class 3/Deputy member completing this form. If submitting this form electronically you may type your name in for your signature.**

**By signing this form, I hereby certify that all information on this form is true and correct,**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date