



Section 1 – F	Personal Information – Please Print						
Full Name as it appears on Driver's License: LAST NAME:		FIRST NAME:				MIDDLE:	
Chapter Name:			Ch	Chapter ID #			
DeMolay ID# (If you are new to DeMolay you will not have an ID#.) Male							
						Female	
Social Security Number:		Driver's License Number:				Date of Birth: (00/00/0000 format)	
Address 1:							
Address 2:							
City:		State:				Zip:	
Phone (Work):		Phone (Home):				Phone (Cell):	
Fmail:		11	nereh	ov grant to DeM	olay the	e privilege of communicating to me via email and	
Linaii.	Email: I hereby grant to DeMolay the privilege of communicating to me via email and grant permission to include me in bulk emails, recognizing that I have the ability to unsubscribe at any time should I desire to do so.						
Section 2 – Standards of Service Read carefully and initial each of the DeMolay service standards listed below							
Initial	I understand that as a DeMolay	/ Adult Worker, I am		Initial	I furt	her acknowledge that my service as an Adult	
Initial	responsible for being a role model I understand that I am to follow the	e Youth Protection and			Office	Worker is at the complete discretion of the Executive Officer and that I may be removed at any time with or without cause.	
Initial	Risk Management rules and procedures at all times. I understand that I am to report all violations of DeMolay		1	Initial	without cause. I understand that I am governed by the Rules &		
	procedure to my Council Chairman or Executive Officer whether or not I am personally involved or have observed them.				Regu	lations of DeMolay International and the bylaws subordinate organizations	
Initial	I understand that proper supervision DeMolay functions.	ervision is required for all		Initial		nderstand and grant to DeMolay, their sentatives, and/or assigns, the right and	
Initial	I understand that the use of drugs or alcohol at DeMolay functions will not be tolerated and I will report any				permission to copyright and use, re-use, and publish, photographic images of me or in which I may be		
Initial	violations of this policy immediatel					ded, in whole or in part, or composite in character m, without restriction as to changes or alterations	
IIIIIai	I further authorize DeMolay International to verify this information and to satisfy itself that I should be trusted to				for ar	ny other legal purpose. I hereby waive any right may have to inspect or approve the finished	
Initial	work with young people. tial I understand that this may include a crim				produ	ict or products or the copy or printed matter that	
	inquiry and checking the Sex Offender Registry.					be used in connection therewith or the use to it may be applied.	
This Form to be used for:		Chapter Position:			Annu	al Fee Information:	
☐ Chapter Registration		Chairman				☐ \$48 ACR Fee	
	☐ Priory Registration ☐ Chapter		er Ad	Advisor		(First registration)	
	Jurisdictional Staff	☐ Advisor				Already paid w/another chapter (Chapter #)	
Volunteer Only Date D.A.D. Trained						D.A.D. Trained	
Advisory Council Chairman Recommendation Chairman Signature: Date:							
Executive Officer Approval –							
I certify that I have examined the information provided above, and I DO / DO NOT appoint this person to CONTINUE AS / BECOME a DeMolay Adult Worker.							
Signature: Date:							

Section 3 Profile Information						
Personal Profile						
1.	Marital Status and name of Spouse, if applicable:					
2.	Prior addresses for the last 5 years; length of time at each address:					
3.	Have you ever worked as an Adult with any other Youth Group? YES NO If so, please list and describe:					
Mas	sonic Membership Profile					
4.						
	☐ Masonic Lodge Name & Number State					
	☐ Senior DeMolay – Name of Chapter Location					
	☐ Scottish Rite ☐ York Rite ☐ Shrine ☐ Order of the Eastern Star					
Em	ployment Profile					
5.	What is your occupation? 6. Name & address of current employer?					
Edu	icational Profile					
7.						
8.	What are the names, locations and dates of any colleges or universities you attended?					
Driv	ver's Profile					
9.	Have you ever been denied a license to operate a motor vehicle? YES NO (if <u>yes</u> include explanation)					
10.	0. Has your driver's license ever been suspended or revoked within the last 10 years? YES NO If YES, list and explain:					
11	. As a motor vehicle operator, have you ever been in any of the following types of motor vehicle accidents whether at fault or not?					
	YES ☐ NO ☐ a. Involving fatalities, no matter when YES ☐ NO ☐ b. Involving personal injury in the last 5 years					
	If YES, list and explain:					
12.	12. Have you ever been charged, arrested or received any tickets for driving under the influence of alcohol or drugs, drunk driving, reckless driving, careless driving, or speeding no matter when? YES ☐ NO ☐ If YES, list and explain:					
13.	Have you ever been accused, arrested, charged, or convicted of any type of crime? YES NO If YES, list and explain:					
14	Have you ever been accused, arrested, charged, or convicted of any of the following?					
	YES NO a. The possession, use or transfer of alcohol					
	YES ☐ NO ☐ b. The possession, use or transfer of illegal drugs					
	YES NO C. Crimes in which the alleged victim or accomplice was a minor YES NO Activities in which you allegedly physically or sexually abused anyone, male or female, or allegedly condoned					
	such abuse by others YES NO Be. Activities in which you allegedly were involved in the creation, possession, use or transfer of pornographic materials					
	of pornographic materials If YES, to any of the above, list and explain all charges, arrests, or convictions:					
15.	Do you have any health limitations or health considerations that would limit your role as a "DeMolay Adult Worker?"					
	YES NO If YES, list and explain:					
16.	Have you used any illegal drugs, or been treated or hospitalized for drug abuse in the last 10 years? YES NO If YES, list and explain:					
17.	Have you used any alcohol excessively or been treated or hospitalized for use of alcohol in the last 10 years? YES NO If YES, list and explain:					
18.	. Has any adverse action been taken against you by any YOUTH organizations, school, church, or day care center, while you were an employee or volunteer for such organization or entity? YES NO I If YES, list & explain:					

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19.	19. 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 you being entrusted with the supervision, guidance and care of young people? YES ☐ NO ☐ If YES, list and explain:						
20.	Has any adverse action been taken against you by any professional association, philanthropic, state or federal licensing bureau or academic institution, while you were an employee or volunteer for organization or entity? YES NO If YES, list and explain:						
Reference Profile - References must be fully completed or the form will be returned to your Executive Officer							
21.	21. List three people who have known you for at least 5 years who we may contact if we need more information about you. (Only one of these individuals may be a member of your immediate or extended family)						
	21a. Name	Relationship					
	Street Address:						
	City/State/Zip:	Phone Number:					
	21b. Name	Relationship					
	Street Address:						
	City/State/Zip:	Phone Number:					
	21c. Name	Relationship					
	Street Address:						
	City/State/Zip:	Phone Number:					
22.	22. I am aware that one purpose of this form is to obtain my permission to allow a consumer report to be obtained on me in the course of consideration for employment or volunteer purposes: criminal records , education , employment , or driver licenses records may be obtained. In connection with this request, I authorize all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. This releases the aforesaid parties from any liability and responsibility for collecting the above information.						
	I release, hold harmless, and agree to indemnify DeMolay International, its chapters, advisory councils, and all other DeMolay bodies, organizations, and sponsoring organizations and their officers, employees, agents, and volunteers from any and all liability to me in connection with their good faith use, on behalf of DeMolay, of any information provided as a result of, or in connection with, this profile, and I similarly release, hold harmless, and agree to indemnify such organizations and individuals from any and all liability to me in connection with their good faith efforts to gather information about me as a result of, or in connection with, this profile.						
	I promise that in my service as a DeMolay Adult Worker, I will bear true allegiance to DeMolay International, and to the Executive Officer in this Jurisdiction, and I will obey the Bylaws, Rules and Regulations of DeMolay International, and the laws of my city, state, and nation.						
	In signing this Profile, I certify that the information provided herein is true, complete and accurate. I promise to immediately notify the Executive Officer in this jurisdiction of any changes in the information supplied above.						
Signature: Date:							
Castian A. Castification							
Sponsor's Certification — Failure to Obtain Required Signatures May Result in Delays with your registration Being aware that the person would be associated and working with youth associated with DeMolay, I have reviewed the information set forth above. Based upon my knowledge, I am not aware of any reason the above person is inappropriate to serve as a DeMolay Adult Worker and to assist in the DeMolay program of affording a constructive, healthy, and fraternal experience for young men.							
Nan	ne of Sponsoring Body:	Presiding Officer's Signature:					
Address:		Print Name:					
City, State, Zip		Date:					

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