



DEMOLAY INTERNATIONAL
**Advisory Council Registration
 Continuing Advisor Form**

2016

This form may only be used by the individual whose name is pre-printed below. All others must use the Adult Worker Application Form.

ID#	DAD Level:
2016 Registration Fee: \$20.00*	CBC Date:
<input type="checkbox"/> Fee paid with ISC Fee	
<input type="checkbox"/> Fee paid with Chapter #	

Section 1 – Personal Information – Please Print		
Full Name as it appears on Driver's License:		
LAST NAME:	FIRST NAME:	MIDDLE:
Chapter Name:		Chapter ID #
DeMolay ID#	<input type="checkbox"/> Senior DeMolay	<input type="checkbox"/> Master Mason
Advisory Council Position:	Driver's License Number/State:	Date of Birth:
Address 1:		
Address 2:		
City:	State:	Zip
Phone (Work):	Phone (Home):	Phone (Cell):
Email:	<input type="checkbox"/> 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 – Updated Profile Information		
Please complete these update questions about personal information changes since the submission of your last Adult Worker Application (AWA) 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 AWA or ACR, have you had any speeding tickets or moving violations of any kind?
YES	NO	Since your last AWA or ACR, have you had your license revoked or suspended for any reason?
YES	NO	Since your last AWA or ACR, were you involved in any motor vehicle accidents that resulted in personal injury or fatality?
YES	NO	Since your last AWA 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 AWA or ACR, have you used any illegal drugs, or been treated or hospitalized for drug use?
YES	NO	Since your last AWA or ACR, have you used alcohol excessively or been treated or hospitalized for alcohol use?
YES	NO	Since your last AWA 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 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 or not 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 understand and hereby grant to DeMolay, their representatives, and/or assigns, the permission to copyright and use, re-use, and publish, photographic images of me or in which I may be included, in whole or in part, or composite in character or form, without restriction as to changes or alterations for any other legal purpose. I hereby waive any right that I may have to inspect or approve the finished product or products or the copy or printed matter that may be used in connection therewith or the use to which it may be applied.
	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.	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>THE LINE BELOW MUST BE SIGNED BY YOU (the person who is registering to continue as an advisor).</p> <p>Signature: _____ Date: _____</p>	

Section 5 – Approval – Failure to obtain the required signatures may result in delays with this registration. Completed by Council Chairman and Executive Officer.	
Advisory Council Chairman Recommendation: Chairman Signature: _____	Date: _____
Executive Officer Approval: Signature: _____	Date: _____

***Article 9 Revenues, (e) There shall be a New Advisor Membership fee which includes the remaining period of the calendar year in which the advisor is certified and approved to serve, and the first annual renewal of the Advisor Membership fee. (2006) (2010) (2015)**