

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:

Masonic Membership Profile

- 4. Please tell us about your Masonic Memberships (If any)
 - Masonic Lodge Name & Number _____ State _____
 - Senior DeMolay – Name of Chapter _____ Location _____
 - Scottish Rite York Rite Shrine Order of the Eastern Star

Employment Profile

- 5. What is your occupation? 6. Name & address of current employer?

Educational Profile

- 7. What are the names, locations and dates of any high school you attended?
- 8. What are the names, locations and dates of any colleges or universities you attended?

Driver's Profile

- 9. Have you ever been denied a license to operate a motor vehicle? YES NO (if yes include explanation)
- 10. 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 yearsIf YES, list and explain:
- 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 d. Activities in which you allegedly physically or sexually abused anyone, male or female, or allegedly condoned such abuse by others
 - YES NO e. Activities in which you allegedly were involved in the creation, possession, use or transfer of pornographic materialsIf 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 If YES, list & explain:

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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> If YES, list and explain:	
Reference Profile - <i>References must be fully completed or the form will be returned to your Executive Officer</i>	
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. 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: _____	

Section 4 - Certification	
Sponsor's Certification – <i>Failure to Obtain Required Signatures May Result in Delays with your registration</i>	
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.	
Name of Sponsoring Body:	Presiding Officer's Signature:
Address:	Print Name:
City, State, Zip	Date: