

MASONIC MEMBERSHIP PROFILE

8. Please check the appropriate Masonic body of which you are a member:

_____ Masonic Lodge Name & Number _____ State _____
_____ Scottish Rite _____ Eastern Star
_____ Royal Arch _____ Commandery
_____ Council Royal and Select _____ Shrine
_____ Senior DeMolay Chapter _____ Location _____
Other: _____

EMPLOYMENT PROFILE

9. What is your occupation? _____
10. Names & address of current employer? _____
11. Length of employment: _____
12. If employed by anyone else in the last 5 years, give name, address, and length of employment: _____

EDUCATIONAL PROFILE

13. What is the highest grade you completed? _____
14. What is the name and location, and dates of any high school you attended? _____

15. What is the name and location, and dates of any colleges or universities you attended? _____

DRIVER’S PROFILE

16. Have you ever been denied a license to operate a motor vehicle? YES NO
Driver’s License Number: _____ State: _____
17. Has your driver’s license ever been suspended or revoked within the last 10 years? YES NO
If YES, list and explain: _____

18. As a motor vehicle operator, have you ever been in any of the following types of motor vehicle accidents?
YES NO a. Involving fatalities, no matter when: _____
YES NO b. Involving personal injury in the last 5 years: _____
If YES, list and explain: _____

19. Have you ever been arrested or received any tickets for driving under the influence of alcohol or drugs, drunk driving,
reckless driving or careless driving, no matter when? YES NO
If YES, list and explain: _____

PERSONAL PROFILE

20. 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: _____

21. 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: _____

22. 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: _____

23. Have you ever been charged, arrested 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 d. Activities in which you allegedly were involved in the creation, possession, use or transfer of pornographic materials:
- If YES, to any of the above, list and explain all charges, arrests, or convictions: _____

24. Has any adverse action been taken by any YOUTH organizations, school, church or day care center against you while you were an employee or volunteer for such organization or entity? YES NO
If YES, list and explain: _____

25. 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: _____

Reference Profile

26. 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.
- 26.a. Name: _____ Connection: _____
 Street: _____
 City/State/Zip: _____
 Phone Number:(_____) _____
- 26.b. Name: _____ Connection: _____
 Street: _____
 City/State/Zip: _____
 Phone Number:(_____) _____
- 26.c. Name: _____ Connection: _____
 Street: _____
 City/State/Zip: _____
 Phone Number:(_____) _____

27. I am aware that one purpose of this form is to obtain my permission to allow a **consumer report** will be obtained on me in the course of consideration for employment or volunteer purposes: **criminal records, education, employment, or driver licenses 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, of 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 and organizations and sponsoring organization and their officers, employees, agents and volunteers from any and all liability to me in connection with their good faith use on behalf of the order 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 of 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 _____

DO NOT WRITE BELOW THIS LINE

Sponsor's Certification

28. Being aware that the person would be associated and working with youths 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 DeMolay's program of affording a constructive, healthy, and fraternal experience for young men.

Sponsoring Body Name: _____	Chapter Name: _____
Address: _____	Chap City: _____
City State Zip: _____	Chap State: _____
Presiding Officer's Signature: _____	Chapter Chairman's Signature: _____
Date: _____	Date: _____

Executive Officer Certification

29. 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: _____
Jurisdiction: _____