

INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS ADVISOR CERTIFICATION FORM

I, _____ (name), a resident of _____ (County) and _____ (State/Province) and _____ (Country) wishing to serve as an advisor of a Youth Organization, declare that I am over 21 years of age and am fully qualified to make this statement, and under oath state that each of the following is true and correct:

1. I am a Member in good standing in the Grand Lodge of _____ and each of the following Subordinate Lodges of the Grand Lodge of _____.
 _____ Lodge No. _____ A.F. & A.M.
 _____ Lodge No. _____ A.F. & A.M.;
 and/or _____ Chapter # _____ Order of the Eastern Star;
 and/or _____ Court # _____ Order of Amaranth;
 and/or _____ Shrine # _____, Order of the White Shrine of Jerusalem;
 and/or a Majority member of _____ Assembly, # _____
 or a parent, legal guardian or grandparent of an Active or Majority Rainbow Girl named _____ who is a member of _____ Assembly # _____.
2. I have never been arrested for, nor convicted of, any crime of moral turpitude.
3. I have never been arrested for, nor convicted of, any crime involving child abuse, child molestation, child exploitation or any other like or similar crime involving a child as same is defined by any law of the United States, a state, province or a municipality.
4. I am not, to the best of my knowledge, listed by any Department of Human Services, or any other federal, state or local agency having responsibility for overseeing the welfare of children, as a suspicious person.
5. Do you have a current driver's license?
 _____ Yes _____ No (If yes please list your driver's license information:
 State where issued _____ and number _____)

NOTE: This form will be retained by the Supreme Officer in a locked CONFIDENTIAL file. A form must be completed prior to one's being installed as an Advisory Board Member.

Information reported on this form will be discussed ONLY between the person affected and the Supreme Officer. No further dissemination of this information will occur without specific written notification to the affected person, and then will be limited to review by the State Executive Committee who are held to the same standard of confidentiality.

Attestation:

I, _____, understand that I have completed this form voluntarily as a member of a _____ Rainbow Advisory Board Member, Grand Deputy, Director or other adult volunteer as requested by the Supreme Officer. I understand if there is concern about my responses, the Supreme Officer will contact me directly.

Sworn this _____ day of _____, Year _____

Applicant: _____
 Former Names _____
 Address: _____

 Date of Birth: _____
 Social Security No. _____

International Order of Rainbow for Girls
State Of Illinois Jurisdiction
Procedures for Advisory Board Certification

- Advisory board Certification form will be filled out by the advisor put in a sealed envelope and will be submitted with the advisory board recommendation to the Supreme officer for approval.
- Supreme officer will perform a background check on all advisors.
- **This form will be retained by the Supreme Officer in a CONFIDENTIAL file.** Information reported on this form will be discussed ONLY between the person affected and the Supreme Officer. No further dissemination of this information will occur without specific written notification to the affected person, and then will be limited to review by the Grand Jurisdiction Board of Directors who are held to the same standard of confidentiality.

State Exempt Release letter