



Advisory Council Registration New Advisor Form*

2006

CHECK # _____
AMOUNT: \$ _____Complete this form if you **were not** registered as an Advisor in 2005.

SECTION 1 - PERSONAL INFORMATION – PLEASE SHOW FULL NAME AS IT APPEARS ON DRIVER’S LICENSE

Chp Name: _____ Chp Number: _____

Enter your name as it appears on your driver's license

Name: _____ ID # _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone:(Work)(_____) (Home) (_____) _____

E-mail: _____ DOB: _____

Social Sec# _____ Drv Lic # _____ ST _____

This ACR is for a:

-
- Chapter
-
-
- Priority
-
-
- Jurisdiction

Annual Fee Information

-
- \$48 ACR Fee (first registration)
-
-
- Already paid w/another chapter (Chap #: _____)
-
-
- \$38 (ISC Member - Fee paid with ISC membership)

Chapter Position

-
- Chairman
-
-
- Chapter Advisor
-
-
- Advisor

****FAILURE TO ACCURATELY SUPPLY ANY OF THE REQUESTED INFORMATION MAY RESULT IN TIMELY DELAYS WITH YOUR REGISTRATION**Gender: Male Female Master Mason: _____

DAD: ____/____/____

AWP: ____/____/____

CBC: ____/____/____

SECTION 2 – DEMOLAY ADULT WORKER PROFILE (COMPLETION)

All new Advisors, first time Advisors, or any Advisor not registered in 2005 must complete a 2006 DeMolay Adult Worker Profile form and attach this Advisory Council Registration (ACR) form to it.*Submit this form to your Advisory Council Chairman for signature approval who will forward the paperwork to your jurisdiction’s Executive Officer for final signature approval.*

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 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 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 YOUR REGISTRATION

THE LINE BELOW MUST BE SIGNED BY YOU (the person who is registering to become an advisor).
By signing this form, I hereby certify that all information on this form is true and correct._____
Signature_____
Date

SECTION 5 - APPROVAL FAILURE TO OBTAIN REQUIRED SIGNATURES MAY RESULT IN DELAYS WITH THIS REGISTRATION COMPLETED BY COUNCIL CHAIRMAN AND EXECUTIVE OFFICER

Recommended by: _____
Chairman Signature_____
DateApproved by: _____
Executive Officer Signature_____
Date****Remember to remit \$48.00 & a DeMolay International Adult Worker Profile with your Advisory Council Registration**

Initials: _____

Date Processed: _____

OFFICE USE ONLY: CBC: _____