

# ADULT WORKER PROFILE

# 2006

*Forms submitted that are not the most  
Current publication will not be accepted*



The purpose of this DeMolay Adult Worker Profile is to provide information so that the quality and reputation of the volunteers of DeMolay is maintained at the highest level and to protect the Adult Workers and the Youth of DeMolay.

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You are being asked to complete this Profile so that DeMolay may continue to promote the high ideals and cardinal virtues of DeMolay. Unfortunately, events have been and are happening in society, which make it necessary for DeMolay to make this request of you.

Every question is appropriate. Please answer each one in the space provided. Please use additional sheets of paper if necessary to completely answer any question.

**Failure to supply any requested information could result in timely delays with your registration**

**If you have questions regarding any aspect of this Profile, please contact your  
Executive Officer or DeMolay International.**

**\*\*THIS PROFILE IS FOR THE USE OF THE OFFICERS OF DEMOLAY\*\***

THE ORIGINAL PROFILE IS RETAINED AT DEMOLAY INTERNATIONAL

***PLEASE TYPE OR PRINT LEGIBLY – SHADED AREAS ON THIS PROFILE ARE ABSOLUTE REQUIREMENTS***

1. Name: \_\_\_\_\_  
Last
First
Middle

Gender:  Male  
 Female

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Nickname: \_\_\_\_\_ Social Security No: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. Marital Status and Name of Spouse, if applicable: \_\_\_\_\_

6. Prior addresses, for the last 5 years; length of time at each address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you ever worked as an Adult with any other Youth Group? YES NO  
 If so, please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 (if yes include explanation)

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Exact Name as it appears on your Drivers License:** \_\_\_\_\_

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, careless driving, or speeding 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 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 materials:
- If YES, to any of the above, list and explain all charges, arrests, or convictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. 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 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 – References Must be fully completed or the form will be returned to your Executive Officer**

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** to 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, 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 \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**SPONSOR'S CERTIFICATION - Failure To Obtain Required Signatures May Result in Delays with your registration**

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: _____	Chapter City: _____
City State Zip: _____	Chapter State: _____
Presiding Officer's Signature: _____	Chapter Chairman's Signature: _____
Date: _____	Date: _____

**Executive Officer Certification – Failure To Obtain Required Signatures May Result in Delays with your registration**

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: \_\_\_\_\_

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