



# Job's Daughters International

## Certified Adult Volunteer Renewal Application

### UNITED STATES

This form may only be used by Certified Adult Volunteers that have current CAV Status on file with the Executive Manager. If your CAV status has lapsed, you must attend a Certified Adult Volunteer (CAV) class again and you must reapply for CAV status using the CAV Application & Profile Form YPP 001 US.

**This form shall be RECEIVED by the Supreme Office at least 30 days PRIOR to your CAV expiration date. It may not be sent sooner than 90 days in advance of your CAV expiration date.**

Please Type or Print **legibly**. Pencil entries cannot be accepted. If you need space for further information, please use the back of the form or attach a separate sheet.

### Personal Data

- Name: \_\_\_\_\_  
(Last) (First) (Middle Name – not just the initial)
- Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone (or daytime number): \_\_\_\_\_  
E-mail address: \_\_\_\_\_
- Bethel No. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- CAV # \_\_\_\_\_
- Current Title in BGC/ JGC/ GGC/ SGC (if any): \_\_\_\_\_

### Updated Profile Information

**Complete these update questions about personal information changes. Any questions answered "YES" must be explained in writing. Attach your answers to this form.**

- Since your last CAV certification, have you had your driver's license revoked or suspended for any reason?  
\_\_\_\_ YES \_\_\_\_ NO (If YES, explain) \_\_\_\_\_
- Since your last CAV certification, were you involved in any motor vehicle accidents that resulted in personal injury or fatality?  
\_\_\_\_ YES \_\_\_\_ NO (If YES, explain) \_\_\_\_\_

8. Since your last CAV certification, have you been arrested or received a ticket for driving under the influence of alcohol or drugs, drunk driving, reckless driving or careless driving?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
9. Since your last CAV certification, has your driving status changed?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
10. Since your last CAV certification, have you used any illegal drugs, or been treated or hospitalized for drug use?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
11. Since your last CAV certification, have you used alcohol excessively or been treated or hospitalized for alcohol use?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
12. Since your last CAV certification, have you been accused, charged, arrested or convicted of any crime?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
13. Have you ever been removed from a Bethel/Jurisdictional/Grand/Supreme Guardian Council position or has any adverse action, including termination, been taken against you by any YOUTH organization, school, church or day care center while you were an employee or volunteer for such organization or entity?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
14. 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 your suitability for being entrusted with the supervision, guidance and care of young people?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, explain) \_\_\_\_\_
15. Since your last CAV certification, have you had a name change?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, Please list your prior full name) \_\_\_\_\_
16. Since your last CAV certification, have you had an address, phone number or email address change?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, Please list your prior address) \_\_\_\_\_

***Affirmation of Understanding of JDI Youth Protection Standards***

***Read carefully and initial your agreement of the following JDI Youth Protection Standards:***

- \_\_\_\_\_ I have read, understand and agree to follow the Policy and Guidelines as set forth in the JDI Youth Protection Program & Policy. <https://jobsdaughters.files.wordpress.com/2016/07/ypp-policy-us.pdf>
- \_\_\_\_\_ I understand that I am to report all violations of the JDI Youth Protection Program & Policy as outlined in the Policy.
- \_\_\_\_\_ I understand that proper supervision by CAVs is required at all Job's Daughters meetings and activities as outlined in the JDI Youth Protection Program & Policy.
- \_\_\_\_\_ I understand that in my role as a CAV I am also governed by the Constitution and Bylaws of JDI and the Rules & Regulations of the SGC and my GGC / JGC / BGC.

\_\_\_\_\_ I understand that my use of illegal drugs or alcohol while serving in a CAV capacity **OR** at a Job's Daughters function with Daughters present is strictly prohibited.

\_\_\_\_\_ I understand that at any time a background check may be obtained by JDI and that any adverse findings may mean the loss of my status as a CAV.

\_\_\_\_\_ I understand that any violation of the JDI Youth Protection Program & Policy may mean the loss of my status as a CAV and that the JDI Board of Trustees is the enforcement authority of the JDI Youth Protection Program.

\_\_\_\_\_ I further understand and authorize JDI to verify the information listed in this CAV Renewal Application.

### *Acknowledgement of CAV Renewal Application*

I certify that the information provided herein is complete and accurate. I will immediately notify JDI of any changes in that information.

I understand that I may only be appointed as an officer or volunteer in JDI if I hold a current CAV card and that service in those capacities is a privilege, not a right.

By placement of my signature on this CAV Renewal Application, I acknowledge my understanding of the JDI Youth Protection Program and Policy and agree to follow it.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Please Note:**

**This form should be RECEIVED by the Supreme Office at least 30 days PRIOR to your CAV expiration date. It may not be sent sooner than 90 days in advance of your CAV expiration date.**

**If your CAV status expires you will be removed from all leadership positions in Job's Daughters IMMEDIATELY.**

**Your Certified Adult Volunteer Renewal Application must be signed.**

**A US Funds check for \$20.00 and made payable to "Job's Daughters International" must accompany this application. This must be your personal check or Money Order. We can only accept personal checks FROM THE APPLICANT or a Money Order. If you would like notification that your application has been received, enclose a self-addressed stamped postcard.**

**Incomplete forms will not be processed.**

**Mail your Renewal Application and check to:**

**Job's Daughters International  
233 W. 6<sup>th</sup> Street  
Papillion, NE 68046**