

CYPC CHECKLIST AND CERTIFICATION
(not for RYE or RYLA use)

Club President

- Read and understood District 5180 Youth Protection Policy.
- Submitted applications for background check.
- Signed the Youth Volunteer Declaration.

Club President Elect

- Read and understood District 5180 Youth Protection Policy.
- Submitted applications for background check.
- Signed the Youth Volunteer Declaration.

Counselors

- Read and understood District 5180 Youth Protection Policy.
- Submitted applications for background check.
- Signed the Youth Volunteer Declaration.

Mentors

- Read and understood District 5180 Youth Protection Policy.
- Submitted applications for background check.
- Signed the Youth Volunteer Declaration.

Youth Advisors

- Read and understood District 5180 Youth Protection Policy.
- Submitted applications for background check.
- Signed the Youth Volunteer Declaration.

Club Youth Services Director/Chair

- Read and understood District 5180 Youth Protection Policy.
- Submitted applications for background check.
- Signed the Youth Volunteer Declaration.

Club Youth Committee Members

- ___ Read and understood District 5180 Youth Protection Policy.
- ___ Submitted applications for background check.
- ___ Signed the Youth Volunteer Declaration.

Interact Advisors/Counselors

- ___ Read and understood District 5180 Youth Protection Policy.
- ___ Submitted applications for background check.
- ___ Signed the Youth Volunteer Declaration.

All other individuals (Rotarian or non-Rotarian) in a supervisory or one to one relationship with a minor in a Rotary Club Youth program or activity.

- ___ Read and understood District 5180 Youth Protection Policy.
- ___ Submitted applications for background check.
- ___ Signed the Youth Volunteer Declaration

I, _____, Club President of the Rotary Club of _____, certify that each of the above checked statements is true and correct as of the date signed.

_____(signature)
 _____(date)
 _____(email)
 _____(phone)

I, _____, Club Director of Youth Services of the Rotary Club of _____, certify that each of the above checked statements is true and correct as of the date signed.

_____(signature)
 _____(date)
 _____(email)
 _____(phone)

Please initial each line or indicate where not applicable (N/A)