



## ADULT RAINBOW WORKER PROFILE

### For Advisory Board Members, Grand Deputies, Directors, Volunteers

The purpose of this Adult Profile is to provide information to the Supreme Deputy in order to maintain the high standards and quality reputation of all Rainbow adult volunteers in this Grand Jurisdiction AND to protect our Adult Workers and the Rainbow girls of this Grand Jurisdiction. The form will be revised annually as necessary. **THIS FORM MUST BE COMPLETED PRIOR TO ONE'S INSTALLATION ON THE ASSEMBLY'S ADVISORY BOARD.**

Please use the space provided to respond to every question. If additional space is needed, please add additional pages in order to answer every question completely.

Once completed, **please deliver to your Board Chairman.**

Assembly with which you are associated \_\_\_\_\_ # \_\_\_\_\_ as \_\_\_\_\_  
(Board Member, Grand Deputy, Director, Advisor, Chairperson, Volunteer, etc.)

Name		Address	
Home Phone	Cell Phone	E-mail	
City, State, and date of birth (day, month, year)		Marital Status	Name of Spouse

Please discuss below your adult experience working with Rainbow and other volunteer youth groups.

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Masonic and Fraternal Membership (Please itemize)

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Do you have a daughter actively involved in Rainbow?

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(Her name/Assembly)

### Driver's Profile

Do you have a current driver's license? \_\_\_\_\_ Have you been denied a driver's license? \_\_\_\_\_

Has your license been suspended/revoked in the past 5 years? \_\_\_\_\_

Please comment regarding the circumstances of these actions

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Have you been involved in any motor vehicle accident in the last 5 years for which you were cited or otherwise found at fault? \_\_\_\_\_ If "yes," please explain \_\_\_\_\_

Have you been cited for DUI/drugs, alcohol, etc. during the past 2 years? \_\_\_\_\_ If "yes," please provide date and explanation: \_\_\_\_\_

### Personal Profile

Do you have health limitations which should be considered when dealing with Assembly members or assisting with Assembly activities? \_\_\_\_\_

Describe: \_\_\_\_\_

Have you used illegal drugs or been treated/hospitalized for drug abuse in the last 5 years? \_\_\_\_\_ If "yes," please provide date and explanation: \_\_\_\_\_

Have you been treated or hospitalized for alcohol use in the past 5 years? \_\_\_\_\_

If "yes," please explain \_\_\_\_\_

Have you been involved in any criminal or civil act which might be questioned by others related to your work with the Assembly? \_\_\_\_\_ If "yes," please explain: \_\_\_\_\_

Have you ever been convicted of a felony? If "yes," please explain \_\_\_\_\_

**NOTE: This form will be retained by the Supreme Deputy in a CONFIDENTIAL file and destroyed (by shredding) at the end of every calendar year. A new form must be completed each year prior to one's being installed as an Advisory Board Member, etc.**

Information reported on this form will be discussed ONLY between the person affected and the Supreme Deputy. 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 Assembly 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 the \_\_\_\_\_ Rainbow Advisory Board, or Grand Deputy, or Adult Grand Officer or other adult volunteer, as requested by the Supreme Deputy. I understand if there is concern about my responses, the Supreme Deputy will contact me directly.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_