



Dr. Tracy A. Thomas Grand Star Light Youth Council

Jerusalem Grand Chapter Order of the Eastern Star
State of Florida and Jurisdictions, Prince Hall Affiliated

“When they saw the star, they rejoiced with exceeding great joy.”

Matthew 2:10

Youth Council Supervisor Application

SCREENING PROCEDURE

It is the policy of Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction of the Dr. Tracy A. Thomas Star Lights Youth Council that each potential Supervisor completes this volunteer application. As part of the screening procedure, you will be required to:

1. Complete an eligibility checklist;
2. Complete this Youth Council Supervisor application packet;
3. Provide two personal references;
4. Consent to a background investigation, which may include a review of: (a) criminal history, (b) child abuse registry, (c) sexual offender registry, and (d) employment history; and
5. Include a money order or Chapter Check in the amount of _____ for the background check.

PERSONAL INFORMATION

Last name: _____

First name: _____

Middle name: _____

Previous last names (maiden, previous married, etc.): _____

List any aliases or other names used: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____ Email: _____

CHAPTER INFORMATION

OES Chapter Affiliation: _____

Worthy Matron: _____

Youth Council Applying to: _____

Youth Council President: _____



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ELIGIBILITY CHECKLIST

All applicants must meet the following minimum eligibility requirements to be considered for the position of Youth Council Supervisor in Dr. Tracy A. Thomas Star Lights Youth Council.

Please mark the appropriate box to each of the following questions: Yes

No 1. Are you at least 18 years of age?

Yes No 2. Trainings and Workshops are vital to the success of our Youth Councils and MANDATORY for all Youth Supervisors. Are you willing to attend workshop training courses about the Youth Council’s policies and procedures to keep current on updated policies?

Yes No 3. Do you agree to complete the screening procedure as outlined on page one in this application?

Yes No 4. Have you ever been accused of, arrested for, charged with, or convicted of child abuse or molestation, or of substance abuse or distribution, or have you been involved with or connected to others involved with handling dangerous weapons?

Yes No 5. Have you been accused, arrested, charged or convicted of any crime involving a youth?

Yes No 6. Have you been convicted of a felony?

Yes No 7. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or care of young people?

8. If you answered yes to questions 4, 5, 6, or 7 above, please explain:



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INFORMATION RELEASE

I, _____, understand it may be necessary for Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction to conduct a background check regarding my criminal history and personal references.

I authorize Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction to obtain any needed information regarding my legal/criminal history and character references from any state (my current state of residence or any previous state in which I have resided) or federal agency and/or personal references, for the purposes of my participation as a Youth Council Supervisor. If I am chosen as a Supervisor and agree to serve for more than one year, I authorize Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction to conduct, on an annual basis, any background check it deems necessary.

Signature: _____

Dated: _____, 20__

Notary

PROVIDE THE FOLLOWING INFORMATION

Full Name (print): _____

Date of Birth _____/_____/_____

Current Driver’s License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City: _____

State: _____

From (mm/yy): _____ To (mm/yy): _____

City: _____

State: _____

From (mm/yy): _____ To (mm/yy): _____

City: _____

State: _____

From (mm/yy): _____ To (mm/yy): _____



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PERSONAL REFERENCES & RECOMMENDATION

Please list the names, addresses, and phone numbers of two people you would like to use as character references (only people you have known for at least one year). Any information Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction gathers from these references will be treated confidentially and will not be released to you, the applicant.

Reference 1:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email: _____

Relationship: _____

How long known: _____

Reference 2

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email: _____

Relationship: _____

How long known: _____

WM Recommendation

I, _____, Worthy Matron of (Chapter) _____ do hereby recommend _____ for the position of Youth Council Supervisor.

Signature: _____ Date: _____



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CODE OF CONDUCT

Adults and older youth in leadership roles are in a position of stewardship and play a key role in fostering the development of individuals and the community. It is, therefore, especially important that those in leadership positions be well qualified to provide the special nurture, care, and support that will enable children and youth to develop a positive sense of self and a spirit of independence and responsibility. The relationship between young people and their leaders must be one of mutual respect if the positive potential of their relationship is to be realized. All members working with participants in the Dr. Tracy A. Thomas Star Lights Youth Council are expected to observe a code of conduct. This *Code of Conduct* embodies the affirmation of your commitment to follow tenets that are integral to Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction:

1. I agree to do my best to prevent abuse and neglect among children and youth involved in Star Light Youth Council activities.
2. I agree to not physically, sexually or emotionally abuse or neglect a child or youth.
3. I agree to comply with the policies and guidelines for general conduct with children and youth as defined by Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction.
4. I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate Grand Chapter Leaders and state authorities.
5. In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations to appropriate Grand Chapter Leaders and state authorities.
6. I understand that Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction will not tolerate abuse of children and youth and agree to comply in spirit and in action with this position.

*******Please keep this page for your own records*******



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The Dr. Tracy A. Thomas Star Lights Youth Council appreciates your interest in becoming a Supervisor. Please initial your understanding and agreement with each of the following:

_____ I agree to follow all Star Lights Youth Council curriculum guidelines and understand that any violation shall result in suspension and/or termination of the Supervisor position.

_____ I understand that the Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction is not obligated to provide a reason for its decision in accepting or rejecting me as a Supervisor.

_____ I understand that to be considered, I must return all of the following completed items, along with this application, and that any incomplete information will result in the delay in processing of my application:

- Copy of your valid driver’s license
- Completed Youth Supervisor Application
- Completed Information Release Form
- Completed Personal References and Recommendation Form
- Completed Code of Conduct Understanding and Agreement Form

I understand that my signature below authorizes submission of the information in this application for child abuse and neglect and criminal records checks, including sexual offenses if deemed necessary. In addition, by signing, I certify that all information provided herein is correct, and I agree with and will adhere to Jerusalem Grand Chapter, Order of the Eastern Star, PHA, State of Florida and its Jurisdiction *Code of Conduct* as printed above.

Please read this carefully before signing:

Print Name: _____

Signature: _____ Date: _____