



# ODD FELLOWS AND REBEKAHS

## United Nations Pilgrimage for Youth



### TOUR LEADER / NEW YORK STAFF 2017 APPLICATION

- Tour Leader Application**  
 **New York Staff Application**

*Required if Application Selected:*

- Color Copy of Passport Page  
 Copy of Proof of Out of Country Insurance  
 Copy Front and Back of Insurance Card

Current Photo \_\_\_\_\_

Tee-Shirt Size (Circle One)    S    M    L    XL    2XL    3XL

Full Name (First, Middle, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Male  Female (minimum age – 30)

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province/Country \_\_\_\_\_ Postal Code / Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Nickname \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed    Children:  Yes  No How Many? \_\_\_\_\_

Order Affiliation: \_\_\_\_\_ # of Years \_\_\_\_\_

Youth Work: Order related - \_\_\_\_\_

Other Qualifications and Experiences in leading Youth Groups \_\_\_\_\_

Other related activities and interests \_\_\_\_\_

Present Occupation \_\_\_\_\_

Skills that may be helpful in the Program (music, drama, etc.) \_\_\_\_\_

Other helpful information \_\_\_\_\_

Do you smoke?  Yes  No    Are you capable of doing a lot of walking and climbing?  Yes  No

Will you cooperate with the leaders of the Program and other adult co-workers?  Yes  No

Will you refrain from the use of alcohol, illegal drugs, tobacco and offensive language/behavior while serving as a tour leader or staff worker (24 hours/day)?  Yes  No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Background Check will be ordered if application selected.\*\*\*

#### Physician's Statement required if selected.

The Applicant was examined in my office on (mm/dd/yyyy) \_\_\_\_\_ and found to be in good physical condition. Any Limiting Conditions? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

#### Application must be in office of UNP Executive Director by January 15th.

Application approved by: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Jurisdictional UNP Committee: (signature) \_\_\_\_\_

Grand Master: (signature) \_\_\_\_\_

Rebekah Assembly President: (signature) \_\_\_\_\_