



Division _____

•LIEUTENANT GOVERNOR'S AGREEMENT TO SERVE•

As a KIWIN'S Lieutenant Governor Candidate, I understand that some of the mandated requirements of the office are as follows:

- To be familiar with each club in my division.
- To submit my monthly reports ON TIME.
- To attend the following MANDATORY board meetings & conventions:
 - KIWIN'S District Convention, April 15-18, 2021 (Warner Center Marriott, Woodland Hills, CA)*
 - April Board Training Conference (ZOOM) April 24-25, 2021*
 - May Board Training, May 28-30, 2021 (Best Western Hotel, Rancho Cucamonga, CA)*
 - Summer Board Meeting, August 23-25, 2021 (Best Western Hotel, Rancho Cucamonga, CA)*
 - Winter Board Meeting, January 7-9, 2022 (Site TBD)*
 - KIWIN'S District Convention, April 21-24, 2022 (Mission Valley Marriott, San Diego, CA)*
- To publish a monthly newsletter (at least 10 during my term of office).
- To hold AT LEAST EIGHT Division Council Meetings (DCM's).
- To organize and conduct a Regional Training Conference and a Spring Conclave.
- To encourage dues payment by each club in my division.
- To submit a Divisional Directory to the District Secretary and Regional Advisor.
- To prepare a budget.
- To communicate by phone or in person with my Regional Advisor at least twice each month.
- To actively promote KIWIN'S Key Club.

Non-performance of these and other mandated responsibilities may result in removal from the office to which I am elected.

In addition, it is understood that the conduct of KIWIN'S Key Club business by any electronic means, such as websites, reflectors, email, chat rooms, etc., must be conducted with Key Club integrity.

I understand that in return for my efforts, the Cal-Nev-Ha KIWIN'S District will reimburse me, in part, for expenses incurred. I understand that discounts or allowances I may receive as a result of my office may be forfeited should I fail to perform the duties of my office, or violate the Code of Conduct.

Signed _____ Date _____

Name _____ Birth Date _____

Address _____ Male Female (circle one)

City _____ State _____ Zip _____

Phone (____) _____ e-mail _____

Key Club _____ Member ID# _____

As this student's advisor, I feel that he/she is qualified and willing to serve as the next Lieutenant Governor of this division.

Kiwanis or Faculty Advisor _____

Signature _____ Printed Name _____

As a parent/guardian of this candidate, I have read this "Agreement to Serve" and I am ready to support him/her throughout his/her term of office.

Parent/Guardian _____

Signature _____ Printed Name _____

All of these forms must to be submitted to the attention of Tim Cunning at the Kiwanis District Office at least one week prior to the Regional/Divisional Conclave. Failure to do so will invalidate the election. In addition, a copy of these forms must be submitted to your Regional Advisor! Submit To:

Cal-Nev-Ha KIWIN'S District Office
 Attn: Tim Cunning
 8360 Red Oak Street, Ste 201
 Rancho Cucamonga, CA 91730
tim@cnhkiwanis.org



CODE OF CONDUCT
(For All KIWIN'S District Officers and Kiwanis Committee Members)

- A. **KIWIN'S at all levels has built and maintained an image of quality membership, sponsorship and professionalism. This is a reputation that every member, advisor and sponsor must uphold. For this reason, we ask all District Board members and Kiwanis Committee members to behave professionally.**
- B. We hereby consent to a warrantless search of any sleeping room occupied at any time with reasonable suspicion, at the sole discretion of the District Administrator or District Director of SLP; (appropriate hotel employees will be involved) and furthermore the attendance of each person at KIWIN'S District Board meetings is expressly conditioned upon his or her agreement in writing to this provision.
- C. No alcoholic beverages or drugs, with the exception of prescribed medication or over the counter medication, will be permitted in the possession of anyone attending board meetings. Use of tobacco by KIWIN'S officers is prohibited.
- D. A retiring hour of no later than 12:00 midnight will be observed and enforced. KIWIN'S officers are expected to be in their own rooms at this retiring hour and they are expected to remain there. Curfew shall be from 12:00 midnight until 5:00 am. Unnecessary noises at any hour are prohibited.
- E. **No females shall be allowed in the room of any male KIWIN'S member and no male may be in the room of any female KIWIN'S member. No female board member shall be allowed in the room of any male Kiwanis advisor and no male board member shall be allowed in the room of any female Kiwanis advisor. Students violating this rule are subject to removal from the board. Kiwanians violating this rule, with the exception of married couples and/or immediate family members, are subject to removal from the committee. Parents, School & Kiwanis will be notified.**
- F. These rules are in effect from April 15, 2021 to April 24, 2022.

THIS SECTION MUST BE COMPLETED!

NAME (Student and Advisors) _____

DIVISION/REGION _____

I have read the foregoing Code of Conduct and I agree to abide by it. Further, we agree to release and indemnify the Cal-Nev-Ha KIWIN'S District of Key Club International and the Cal-Nev-Ha District of Kiwanis International from any liability for bodily injury or other damage arising out of my breach of this Code of Conduct.

SIGNED (KIWIN'S Officer) _____

KIWIN'S Advisor or REGIONAL ADVISOR _____ DATE _____

PARENT/GUARDIAN (Students only) _____ DATE _____



Consent to Attendance at KIWIN'S Events and Medical Authorization

I am a parent or legal guardian of _____ (my child) and give my consent as follows:

1. for my son/daughter to attend all official functions of the California-Nevada-Hawaii KIWIN'S District Board during the 2021-22 Key Club year from April 15, 2021 to April 24, 2022. These official functions include District Board meetings, District Committee meetings, training sessions and such other events as specifically approved by the District Administrator.
2. my son/daughter to be transported to these events by scheduled commercial transportation or an adult operated vehicle. No other method of transportation is authorized without specific written approval from Regional Advisor/District Administrator and parent or legal guardian.
3. any responsible adult who is acting as a chaperone for my child is authorized to obtain any medical and/or dental treatment for my child which the chaperone in their sole discretion may deem necessary. Any medical doctor, dentist, hospital or other treatment facility is requested to cooperate with the chaperone if they request medical or dental treatment for my child. This medical authorization shall include but shall not necessarily be limited to hospitalization, out patient treatment, the giving of medications, injections, blood transfusions, surgery, x-rays, physical therapy or any other forms of medical or dental treatment whether or not specifically listed herein; provided however, that the adult consenting or authorizing such treatment shall have first attempted to contact me at the telephone number set forth below unless the need for treatment results from emergency situations that require immediate treatment such that a prior attempt to contact me is not practical or reasonable.

This consent shall be effective until revoked by a written notification to the Cal-Nev-Ha District Office, 8360 Red Oak Street, Ste 201, Rancho Cucamonga, CA 91730 until April 24, 2022, whichever occurs first.

My child has the following known allergies or medical conditions: (none) _____

My child is taking the following medications: (none) _____

Medical Insurance Policy Carrier _____

Policy Number _____

Dated: _____

(parent) (legal guardian)

(emergency phone number)

KIWAN'S Member: _____ Division: _____
Printed Name

KIWANIS SLP RELEASE
Service Leadership Programs (SLP)

The Service Leadership Programs group known as the _____ sponsored by the Kiwanis Club of _____, hereinafter "SLP.", from time to time at meetings, service projects and promotional events of Kiwanis and of our SLP., will take photographs of the SLP. members and guests for publication in Kiwanis/SLP. newsletters, bulletins, web sites and promotional material for Kiwanis, SLP. organizations and other community based organizations and groups.

I, the undersigned, hereby agree to allow Kiwanis to use my picture, image, name, business name, logo, service mark and/or name for any Kiwanis promotion and activity. I may withdraw this authorization at any time and Kiwanis will have thirty (30) days to remove my picture, image, name or other reference to me and/or my business.

I hereby release Kiwanis, Kiwanis SLP. groups, its agents, representatives, directors, officers and members from all liability from any and all injuries that may occur by the use of my picture, image, name or other material stated herein. It is understand and agree that all rights under Section 1542 of the California Civil Code are hereby waived. Said Code reads as follows: "A GENERAL RELEASE DOES NOT EXTEND TO THE CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR".

I have read and agree to all terms and conditions stated herein.

Dated _____

Parent/Guardian Signature

Print Name

Please Mail:

Tim Cunning, Director
Service Leadership Programs
Cal-Nev-Ha Kiwanis District Office
8360 Red Oak Street, Ste 201
Rancho Cucamonga, CA 91730

Or Fax To:

Cal-Nev-Ha District Office
(909) 989-7779