



Job's Daughters International®

Youth Protection Program Violation Appeal Form

Appeal process in regards to a denial of an application or renewal application

In the event a CAV Application or Renewal is denied the Executive Manager will notify the applicant in writing within 30 working days. The denial notification will include instructions on the process for appeal. The applicant may file a written appeal with the JDI Board of Trustees within 30 days from the date of the denial. The appeal must be mailed to the Supreme Office in the care of the Executive Manager. The JDI Board of Trustees will investigate the reason for denial and make a final decision on the application or renewal within 45 days of the receipt of the appeal. The decision of the JDI Board of Trustees is final.

Appeal process in regards to a suspension or reprimand due to a filed violation

In the event CAV status has been suspended due to a violation, or a reprimand issued, a suspension/reprimand letter will include instructions on the process for appeal. The Certified Adult Volunteer may file a written appeal with the JDI Board of Trustees within 30 days from the date of the suspension/reprimand letter. The JDI Board of Trustees will investigate and make a final decision on the appeal within 45 days of the receipt of the appeal. The decision of the JDI Board of Trustees is final.

This form should be sent to the **JDI Executive Manager** within 30 days from the date of the denial/suspension/reprimand letter

*Please type or print **legibly**. If you need space for further information, please use the back of the form or attach a separate sheet.*

Your Personal Data

Name: _____

Address: _____

City: _____ State/Prov: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone (or daytime number) _____

E-mail address: _____

CAV # _____ Role in JDI prior to suspension: _____

Appeal Information

List of references that can substantiate your appeal (if any):

Name: _____

Phone number _____ Email: _____

Name: _____

Phone number _____ Email: _____

Name: _____

Phone number _____ Email: _____

Please provide in detail your appeal:

Acknowledgement

I certify that the information provided herein is complete and accurate to the best of my knowledge. I further understand that the information contained in this form will be used to investigate the appeal and that I may be contacted by the JDI Youth Protection Program Coordinator or a Board of Trustees Member. Finally, I understand that my name will be held in confidence by the Executive Manager, the JDI Board of Trustees and/or the JDI Youth Protection Program Coordinator.

Signature: _____ **Date:** _____

Mail/FAX/e-mail this form to:

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Email: sgc@joid.org