



American Red Cross Big Rivers Chapter Youth Volunteer Application

Processing Your Volunteer Application

Please complete all portions of this application and return it to: American Red Cross Big Rivers Chapter; 416 West 3rd Street; Owensboro, KY 42301, attention Club Red. It will take approximately three business days to process your application once it has been received.

Thank you for your interest in becoming an American Red Cross volunteer!

We could not do it without you!

OFFICE ONLY

Initial Contact ___/___/___ Volunteer Appointment ___/___/___
Initials Initials
Orientation ___/___/___ 1st Volunteer Opportunity ___/___/___
Initials Initials
Date Volunteer Data Entered ___/___/___

Club Red Volunteer Data

Please Print All Information.

Male Female

Birth Date ____/____/____

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

School Information

Name H.S. Graduation Date:_____

How to Contact or Communicate with You

(_____) _____ - _____ (_____) _____ - _____
Home Phone Work phone

EMAIL address (_____) _____ - _____
Cell phone

Your Employer

Company Name (_____) _____ - _____
Phone Number

Emergency Contact Information

Emergency Contact Name Relationship (_____) _____ - _____
Home Phone Number

(_____) _____ - _____ (_____) _____ - _____
Work phone Cell phone

Your Interests

What are your interests/ skills: _____

Sports _____ Scrap booking Bowling Swimming
Hiking Social Activities Skating Music

Other _____

Languages Spoken (other than English):

Spanish Chinese French Portuguese
Japanese Other _____

Listed below are some of the opportunities available to you as a volunteer. Please check any areas of interest:

Disaster Services Com./Marketing/Fund Raising Military/Social Services

Disaster Health Services Special Events (military & International)
Disaster Worker Media Relations
Community Disaster Education Fund Raising
Assemble on Comfort Kits
Mass Care Canteen
Communications

Health & Safety Services Volunteer Office Youth Services

Participate on Committees Activities Planner Records Management
Youth Corp Member Data Entry Recruitment Special Events
Club Red Internet Team Club Red Newsletter Youth Safety Coordinator

PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY. PLEASE READ THE FOLLOWING STATEMENT. IF YOU AGREE, SIGN BELOW.

I authorize and give permission for my child, _____, to serve as a youth volunteer and to participate in Red Cross activities and events under the supervision of and American Red Cross staff member. I, the parent/guardian of the above named minor, for myself and on behalf of the child:

1. Acknowledge that my child's participation in **Club Red and/or all Club Red Activities** may involve risk of injury, including economic losses, which may result from my child's own actions, inactions, or negligence; from the actions, inactions, or negligence of others; from the conditions of the facility; or from the equipment or areas where the event is being conducted.

2. Release, waive, discharge, and relinquish the American Red Cross and the Big Rivers Chapter, their officers, directors, employees, and agents, from any and all liability, loss, damage, claim, demand, or cause of action against them, arising out of or related to my child's participation in Red Cross activities as a youth volunteer.

3. Assume all risks of bodily injuries to my child and give permission for my child to be taken to a hospital and/or treated by medical staff for medical emergencies of illness and/or injuries, and for licensed medical staff to take emergency measures as they deem appropriate.

4. Agree that photographs, pictures, slides, movies, or videos of my child may be taken in connection with his or her participation in Red Cross events or activities. I understand that participation offers no remuneration and consent to the use of photographs, pictures, slides, movies, or videos for any legal purposes.

5. Agree to live to the standards set in the American Red Cross's mission statement. Mission Statement: The American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent prepare for and respond to emergencies. It does this through services that are consistent with its congressional charter and the Fundamental Principles of the International Red Cross and Red Crescent Movement. As a volunteer, I recognize and will be committed to the principles of the American Red Cross-impairity, neutrality, independence, voluntary service, unity and universality. I will represent the American Red Cross in a positive manner and will carry out my responsibilities in a courteous, respectful and professional manner. All client records and information shall be treated with confidentiality. I understand that I must abide by the rules and regulations of the American Red Cross and any other institutions to which I am assigned. I promise to be dependable and perform my service unselfishly and to the best of my ability.

Applicant Signature: _____ Date: _____

Parent Signature _____ Date _____

American Red Cross Code of Conduct

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American Red Cross has traditionally demanded and received the highest ethical performance from its paid and volunteer staff. In an effort to maintain the high standard of conduct expected of the American Red Cross with respect to the management of its own affairs and to enable the American

Red Cross to continue to offer services required by those in need, the National organization requires that the following Code of Conduct be signed and applicable to all paid and volunteer staff:

No volunteer or paid staff member shall:

1. Authorize the use of, or use for the benefit or advantage of any person, the name, the emblem, endorsement, services or property of the American Red Cross, except in conformance with American Red Cross policy;
2. Accept or seek on behalf of himself/herself or any person, any financial advantage or gain or other than nominal value offered as a result of the volunteer or paid staff member's American Red Cross affiliation;
3. Publicly utilize any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters, or posts on any issue not in conformity with the position of the American Red Cross;
4. Disclose any confidential Red Cross information that is available solely as a result of the volunteer or paid staff member's affiliation with the American Red Cross to any person not authorized to receive such information or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross;
5. Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on such person or on any corporation or entity in which the individual has a significant interest or affiliation; or operate in any manner that is contrary to the best interests of the American Red Cross.
6. Operate or act in any manner that is contrary to the best interests of the American Red Cross.

As a volunteer for the American Red Cross, Big Rivers Chapter, I understand and will abide by the above American Red Cross Code of Conduct policies.

Name (printed)

Signature

CONFIDENTIAL

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK (18 YRS AND UP)

I hereby give my permission for the Big Rivers of the American Red Cross to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as

plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/ volunteer position with this organization. I also understand that as long as I remain an employee or volunteer at the Big Rivers Chapter of the American Red Cross, the criminal history record check may be repeated at any time. I understand that I will have and opportunity to review the criminal history and that a procedure is available for clarification, if I dispute the record as received. I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the American Red Cross agencies and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fee's, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/ employee. Criminal background checks may be performed on all volunteer and paid staff 14 years of age and above.

Applicant's Signature- REQUIRED: _____
Today's Date- REQUIRED ____/____/____