



Orientation Loc:		Orientation Date	
DB ID#	Date Entered in DB	BGC Date	BGC #

Today's Date	Date of Birth	Age Group <input type="checkbox"/> (14-18) <input type="checkbox"/> (19-24) <input type="checkbox"/> (25-64) <input type="checkbox"/> (65 and over)
--------------	---------------	---

Contact Information

Last Name		First		Middle	
Home Address		Apt/Bldg	City		State Zip
Business Address		Suite	City		State Zip
Home Phone	Business Phone	Cell Number	E-Mail Address		

Our preferred method of contacting you is Email, Check if you prefer another: Home address, Home phone, Cell phone, Work phone

Employer	Occupation
----------	------------

Emergency Contact

Name	Home Phone	Work Phone	Cell Phone	Relationship
------	------------	------------	------------	--------------

Experiences (include both paid and volunteer work experience, beginning with most recent)

Organization Name	Address	Phone
From To	Supervisor's Name/Title	
Organization Name	Address	Phone
From To	Supervisor's Name/Title	

Current Licenses and Certifications (other than those received through the Red Cross)

Type	Number	State	Expiration Date
Type	Number	State	Expiration Date

Education (highest level achieved)

Institution Name	City/State	Degree/Major	Date Attended
------------------	------------	--------------	---------------

Language Skill Proficiencies - Other than English (include Sign Language)

Language: Speak: High Medium Low Read: High Med Low Write: High Med Low
 Language: Speak: High Medium Low Read: High Med Low Write: High Med Low

Volunteer Opportunities: Check activities that interest you or for which you possess skills

Blood Services Braille Disaster Services Youth Program Service to the Armed Forces International Tracing
 Administrative/Clerical Support Fundraising Marketing Public Relations Public Speaking Fairs/Special Events
 Building & Grounds Maintenance Transportation (Morris only) Veterans Hospital (Lyons VA Hospital only)
 Other (please specify)
 Offices: Fairfield Belvidere Jersey City Millburn Montclair Morristown Newton Newark Paterson Ridgewood Summit

Availability

Monday Tuesday Wednesday Thursday Friday Weekends

References

1. Name: _____ E-mail address (req'd): _____ Phone: _____

2. Name: _____ E-mail address (req'd): _____ Phone: _____

Previous Red Cross Experiences

Have you ever worked as a Red Cross employee or volunteer? (If yes, give Red Cross affiliation names, position and dates.)

Have you ever held any Red Cross certification? (e.g., Health & Safety Instructor, DSHR member)? (If yes, please list.)

A "yes" answer to the following italicized questions does not necessarily disqualify an applicant.

Have you ever been convicted of a felony or misdemeanor within the past 24 months, which resulted in imprisonment? If yes, please explain.

Have any of your Red Cross certifications ever been revoked? If yes, please explain.

Why do you wish to volunteer with the American Red Cross (optional):

BACKGROUND CHECKS

***** Please note that the American Red Cross requires every volunteer age 18 or older to complete a background check prior to beginning volunteer service. *****

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the American Red Cross permission to inquire into my educational background, references, driving record, police records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the American Red Cross.

I do hereby hold the American Red Cross harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above-named American Red Cross unit. I understand that the American Red Cross will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

Signature: _____ Date: _____

Consent of Parent/Guardian for Applicant under Age 18

Signature: _____ Date: _____

Printed Name: _____

Statistical Information (optional)

The American Red Cross, in recognition of its responsibility to employees, volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices, for all persons. The American Red Cross will not discriminate on the basis of race, color, religion, sex or national origin, or against any qualified handicapped individual, disabled veteran or veteran of the Vietnam era. The following information is requested only to determine the diversity of Red Cross volunteers.

While **completion is optional**, it would be most helpful to us as we monitor the complete record of our program.

Gender:	M <input type="checkbox"/> F <input type="checkbox"/>	Veteran:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disabled:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Ethnic group:	American Indian/Alaskan Native <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>	Black/African American <input type="checkbox"/>	Native Hawaiian/Other Pacific <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>
Other:			Caucasian <input type="checkbox"/>		

Code of Conduct (rev. 02/05)

All volunteers and employees of the American Red Cross, in delivering Red Cross services and in all other Red Cross activities, shall meet the following standards of conduct:

No volunteer or employee shall:

- a. Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of the American Red Cross, except in conformance with American Red Cross policy.
- b. Accept or seek on behalf of or any other person, any financial advantage or gain of other than nominal value offered as a result of the employee's or volunteer's affiliation with the American Red Cross.
- c. Publicly use any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters or positions on any issue not in conformity with the official position of the American Red Cross.
- d. Disclose any confidential American Red Cross information that is available solely as a result of the employee's or volunteer'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.
- e. 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 any person, corporation or entity in which the individual has a significant interest or affiliation.
- f. Operate or act in any manner that is contrary to the best interest of the American Red Cross.
- g. Operate or act in a manner that creates a conflict or appears to create a conflict with the interests of the American Red Cross and any organization in which the individual has a personal, business or financial interest. In the event there is a conflict, the American Red Cross has a structured conflict of interest process. First, the individual shall disclose such conflict of interest to the chairman of the board or the chief executive officer of the individual's Red Cross unit or the General Counsel of the American Red Cross, as applicable. Where required, the individual may be required to absent himself or herself during deliberations, and shall refrain from participating in any decisions or voting in connection with the matter.

Conflict Disclosure

Disclosure of Actual or Potential Conflicts:

I affirm that, except as listed below, I have no personal, business or financial interest that Conflict, or appear to conflict, with the best interest of the American Red Cross:

Future, Actual, or Potential Conflicts:

At any time during the term of my affiliation with the American Red Cross, should an actual or potential conflict of interest arise between my personal, business or financial interests and the interests of the Red Cross, I agree to:

- a. disclose promptly the actual or potential conflict to the chairman of the board or the chief executive officer of my Red Cross unit or the general counsel of the American Red Cross; and
- b. until the Red Cross approves actions to mitigate or otherwise resolve the conflict, refrain from participating in any discussions, deliberations, decisions and/or voting related to the conflict of interest.

American Red Cross Code of Conduct Certification

I, _____ (*print name*), certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it, as well as applicable laws that impact the organization, at all times.

Signature: _____ **Date:** _____

Print Name: _____

CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY AGREEMENT (Rev. 03/05)

For All Volunteers

This Confidential Information and Intellectual Property Agreement (“Agreement”) is made as of the date of signature below (“Effective Date”), by and between THE AMERICAN NATIONAL RED CROSS, including all chartered units (“Red Cross”), and the undersigned (“I,” “me” or “my”).

Reasons for Agreement

I desire to volunteer or to continue to volunteer with the Red Cross. I acknowledge that I may, in the course of my service to the Red Cross (“Volunteer Service”), have access to or create (alone or with others) confidential and/or proprietary information and intellectual property that is of value to Red Cross. I understand that this makes my position one of trust and confidence. I understand Red Cross’ need to limit disclosure and use of confidential and/or proprietary information and intellectual property. I understand that all restrictions are for the purpose of enabling Red Cross to fulfill its humanitarian mission, to maintain donors, customers and clients, to develop and maintain new or unique products and processes, to protect the integrity and future of Red Cross and to protect the employment and volunteer opportunities of the Red Cross. THEREFORE, I agree to the following:

Definitions

“Confidential Information” shall include but not be limited to:

- (i) information relating to Red Cross’ financial, regulatory, personnel or operational matters,
- (ii) information relating to Red Cross clients, customers, beneficiaries, suppliers, donors (blood and financial), employees, volunteers, sponsors or business associates and partners,
- (iii) trade secrets, know-how, inventions, discoveries, techniques, processes, methods, formulae, ideas, technical data and specifications, testing methods, research and development activities, computer programs and designs,
- (iv) contracts, product plans, sales and marketing plans, business plans and
- (v) all information not generally known outside of Red Cross regarding Red Cross and its business, regardless of whether such information is in written, oral, electronic, digital or other form and regardless of whether the information originates from Red Cross or Red Cross’ agents.

“Intellectual Property” shall include but not be limited to:

- (i) all inventions, discoveries, techniques, processes, methods, formulae, ideas, technical data and specifications, testing methods, research and development activities, computer programs and designs (including improvements and enhancements and regardless of patentability),
- (ii) trade secrets and know-how,
- (iii) all copyrightable material that is conceived, developed, or made by me, alone or with others,
- (iv) trademarks and service marks and
- (v) all other intellectual property.

Intellectual Property shall include any intellectual property created by me:

- (i) in the course of Volunteer Service or using Red Cross time, equipment, information or materials, and
- (ii) within one (1) year after termination of Volunteer Service and relating directly to work done during Volunteer Service. Intellectual Property may be in any form, including but not limited to written, oral, electronic, digital or other form.

Obligation of Confidentiality

Except as may be required for the performance of my duties during Volunteer Service, or unless specifically authorized in writing by Red Cross, I shall not use or disclose, for my or for others’ benefit, either during or after Volunteer Service, any Confidential Information.

3. Disclosure and Ownership of Intellectual Property

I (i) shall promptly and fully disclose to Red Cross any and all Intellectual Property, (ii) agree that all Intellectual Property shall be owned by Red Cross, (iii) agree to and do hereby assign, transfer and convey to Red Cross the entire right, title and interest in and to all Intellectual Property, (iv) will execute and deliver any and all documents, take all actions and render any and all assistance reasonably requested by Red Cross, during or at any time after Volunteer Service, to establish Red Cross’ ownership of, or to enable Red Cross to obtain patents to or register copyrights of, any Intellectual Property, and (v) acknowledge that all Intellectual Property that is copyrightable subject matter and that qualifies as a "work made for hire" shall be automatically owned by Red Cross. In the event Red Cross is unable for any reason whatsoever to secure my signature to any document required to apply for or execute any patent, copyright, or other applications with respect to Intellectual Property, I hereby irrevocably appoint Red Cross and its authorized officers and agents as my agents and attorneys-in-fact to execute and file any such application and to do all other acts to further the prosecution and issuance of patents, copyrights, or other rights with respect to Intellectual Property with the same legal force and effect as if executed by me.

As a reminder, Intellectual Property shall only include intellectual property created by me (i) in the course of Volunteer Service or using Red Cross time, equipment, information or materials, and (ii) within one (1) year after termination of Volunteer Service and relating directly to work done during Volunteer Service.

4. Ownership and Return of Materials

All materials, including but not limited to business information, files, research, records, memoranda, books, lists, computer disks, hardware, software, cell phones and other wireless devices, documents, drawings, models, apparatus, sketches, designs and any other embodiment of Confidential Information or Intellectual Property received by me during Volunteer Service, and any tangible embodiments of such materials created by me, alone or with others, whether confidential or not, are the property of Red Cross. I shall return to Red Cross all such materials, including copies thereof, in my possession or under my control upon termination of Volunteer Service for whatever reason or upon the request of Red Cross. The return of such materials shall take place within twenty-four (24) hours of notice of termination or upon request of Red Cross, whichever comes first.

5. Survival of Obligations and Enforcement

The obligations that I have under this Agreement shall survive the termination of Volunteer Service, regardless of the reasons or method of termination. I agree that Red Cross shall be entitled to recover from me all attorneys' fees incurred in enforcing Red Cross' rights under this Agreement.

I represent that the above restrictions are necessary to protect Red Cross' legitimate interests, and that these restrictions will not prevent me from earning a livelihood.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

For Youth Volunteers (under 18 years of age)

I, _____ (*print parent/guardian name*), represent that I have read the above and have reviewed it with my child.

Signature: _____

Date: _____

Youth Permission to Volunteer and Medical Release

I, _____ (*print parent/guardian name*), hereby give my son/daughter/ward, _____ (*print child name*) permission to become a volunteer for the American Red Cross. In addition, I recognize that my son/daughter/ward may require emergency medical care. I authorize the American Red Cross paid or employee staff to secure medical care and transportation as is necessary in their judgment. I assume responsibility for any medical and/or transportation bill incurred by my son/daughter/ward in route or at a medical facility. I understand that every effort will be made to contact me as soon as possible, giving first priority to my son/daughter/ward's medical care.

Signature: _____

Date: _____

Printed Name: _____

Title: _____



INFORMATION RELEASE

- I. I give to the American Red Cross, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about me and the reproductions of my likeness (photographic or otherwise) and my voice, with or without identification of me by name.

Name of person photographic, recorded or interviewed (Please print)	Age (if minor)
Street address, city, state and zip code	
Email	Phone number (optional)
Signature	Date

- II. Consent of parent or legal guardian if above individual is a minor (under 18 years of age).
I consent and agree, individually and as parent or legal guardian of the minor named above, to the foregoing terms and provisions.

Signature	Date
Printed name	Relationship

III.

Producer, writer or photographer	
Event / Location	Image number
Caption Info / Description of photo	

This page is intentionally left blank

Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

To all Volunteers:

National Red Cross requires all Red Cross volunteers to complete a background check.

This is a secure site and does **not** include a credit check.

The information required to complete the background check is:

- Social Security Number
OR
Government ID Number
- Complete address and telephone number
- Driver's license, if you have one

In order to initiate your background check, follow these simple steps:

- Access Internet (use you home computer, or come in to use a Red Cross computer and we will assist you.
- Website: <http://www.mybackgroundcheck.com/order/arcvts>
- Select **NJ State**
- Select **Chapter** (See Below)
- Get Started
- Identify your role with the Red Cross
- Read your rights with care and provide our consent to the background check
- Enter your information
- Print the last page as your receipt
- You are set to perform your own background check and it is done within minutes!

Thank you for your cooperation in this very important matter. Call me if I can be of further assistance.

If you live in:

<p>Bergen, Hudson, Passaic Counties Chapter: Northern New Jersey</p> <p>Thereza Schwarz, Volunteer Manager 201-652-3210</p>	<p>Essex County (Except Millburn, Short Hills) Chapter: Northern New Jersey</p> <p>Volunteer Manager 973-797-3300</p>
<p>Morris County; Essex County Towns: Millburn & Short Hills; Union County Towns: Berkeley Heights, New Providence, Springfield, & Summit) Chapter: Colonial Crossroad</p> <p>Marisa Hottat Volunteer Manager 973-273-2276</p>	<p>Sussex, Warren Counties Chapter: Sussex</p> <p>Kaitlin Bessener Volunteer Manager 973-579-1600</p>