



Colonial Crossroads Chapter
www.ccnjredcross.org

Volunteer Application

Application Date		Date of Birth		Age Group: <input type="checkbox"/> (14-17) <input type="checkbox"/> (18-24) <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 (if applicable)			Suite	City		State	Zip
Employer				Occupation			
Home Phone () -		Business Phone () -		Cell () -		Fax (Home/Business) () -	
E-mail (Home/Business)					My preferred mailing address <input type="checkbox"/> Home <input type="checkbox"/> Business		
Emergency Contact							
Name		Day Phone () -		Evening 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 Professional Licenses and Certifications (other than those received through the Red Cross)							
Type		Number		State	Expiration Date		
Type		Number		State	Expiration Date		
Education and Training (begin with most recent)							
Institution Name			City/State		Degree/Major	Date Attended	
Previous Red Cross Experience (Have you ever worked as a Red Cross employee or volunteer?)							
If yes, give affiliation names, position and dates.							
Have you ever held any Red Cross certification (e.g., Health & Safety instructor, DSHR member)? (If yes, please list.)							
Skills (please check up to four from the list)							
<input type="checkbox"/> Accounting <input type="checkbox"/> Administrative Support <input type="checkbox"/> Communications <input type="checkbox"/> Computer Support / Skills <input type="checkbox"/> Counseling <input type="checkbox"/> Data Entry		<input type="checkbox"/> Driving <input type="checkbox"/> Events Coordination <input type="checkbox"/> Filing <input type="checkbox"/> Financial Consultant <input type="checkbox"/> Fund Raising <input type="checkbox"/> Graphic Design		<input type="checkbox"/> Journalism <input type="checkbox"/> Management <input type="checkbox"/> Photography <input type="checkbox"/> Project Management <input type="checkbox"/> Public Relations <input type="checkbox"/> Public Speaking		<input type="checkbox"/> Teaching <input type="checkbox"/> Technical Writer <input type="checkbox"/> Volunteer Advisor <input type="checkbox"/> Other (specify)	

Language Skill Proficiencies (include sign language) other than English							
Language:	Speak: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Read: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Write: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				
Language:	Speak: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Read: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Write: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				
Availability							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Are you available for a short-term project?						Yes	No
A “yes” answer to the following <i>italicized</i> questions will not necessarily disqualify any applicant.							
Are you licensed to operate a motor vehicle in this state?						Yes	No
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>						Yes	No
<i>Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.</i>						Yes	No
<i>Has any of your Red Cross certification ever been revoked? If yes, please explain.</i>						Yes	No
Why do you wish to volunteer with the American Red Cross (<i>optional</i>):							

Volunteer Opportunities: Check activities that interest you or for which you possess skills – training provided
<input type="checkbox"/> Health & Safety: <input type="checkbox"/> Admin/Organization: Set up/register classes, maintain course records, track participation, assign instructors. <input type="checkbox"/> Instructional Aide: Assist with classes including CPR/AED/First Aid, Babysitting, Emergency Preparedness.
<input type="checkbox"/> Blood Services – Assistance needed in registering donors, serving refreshments, distributing information.
<input type="checkbox"/> Disaster Services – Support chapter in event of emergencies. Volunteers meet minimum 2 hours each month, commit to as much time as possible during disaster. Specialized training based on personal interest.
<input type="checkbox"/> Youth Services – Coordinators are needed to work with children (18 and younger) to develop opportunities and projects. <input type="checkbox"/> Youth Volunteers – General office support, gardening, painting. <input type="checkbox"/> High School students (Red Cross Clubs) – Run Blood Drives, Special Events/street fairs.
<input type="checkbox"/> Special Events/Projects – Street, Community and Health Fairs.
<input type="checkbox"/> Office Assistance – Performing general clerical duties, answering of phone and assisting with class enquiries.
<input type="checkbox"/> Public Relations/Marketing/Fundraising
<input type="checkbox"/> Nursing Home Events - Ice cream socials, arts & crafts, Morris View Nursing Home, 2nd Tuesday of each month.
<input type="checkbox"/> Veterans Hospital – Assist in monthly events at Lyons Veterans Hospital in Bernardsville, such as picnics, birthday parties, & barbeques. Also help sew comfort items for VA patients at your leisure.
<input type="checkbox"/> Building & Grounds Maintenance
<input type="checkbox"/> Blood Pressure Screening – Active or retired nurses to perform BP readings for at least 2 hours, once a month.
<input type="checkbox"/> Transportation (minimum 25 years old) – Drive ambulatory Seniors to medical appointments (Summit Office).

BACKGROUND CHECKS

The American Red Cross requires every volunteer and employee to complete a background check prior to beginning volunteer service. The procedure is for you to go to www.mybackgroundcheck.com where you will follow the simple step-by-step instructions. It will take less than 5 minutes. First click on the Red Cross icon, right side of screen, click on "Request a background check". Next, click on the link for NJ and then find your local chapter (Colonial Crossroads). Continue following the instructions until you complete the process.

(Please note that once you reach age 18 the American Red Cross will require you to complete a background check in order to continue volunteer service.)

REFERENCES

Please provide the names and contact information of two references excluding immediate family.

Name	Address	() - Phone number	Relationship
Name	Address	() - Phone number	Relationship

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

Printed Name

Consent of Parent/Guardian for Applicant Under Age 18 years

Signature Date

Printed Name

STATISTICAL INFORMATION

The Colonial Crossroads Chapter of 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. We will not discriminate on the basis of race, color, religion, sex, age or national origin, or against any qualified handicapped individual or disabled veteran.

The following information is requested only to determine the diversity of Red Cross personnel. While **completion is optional**, it would be most helpful to us as we monitor the complete record of our program.

Marital Status Single Married Widowed Divorced

Gender M F **Veteran** Yes No

Disabled Yes No

Ethnic Group	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic/Latino	

Confidential Information and Intellectual Property Agreement

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 acknowledge that I may, in the course of my service to the Red Cross (“Volunteer and Employment 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:

1. 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.

2. 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 (y) in the course of Volunteer Service or using Red Cross time, equipment, information or materials, and (z) within one (1) year after termination of Volunteer Service and relating directly to work done during Volunteer Service.*

4. Ownership and Return of Material. 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

Consent of Parent or Guardian for Applicant under Age 18 years

Signature

Date

Printed Name

American Red Cross Code of Conduct

The American Red Cross (“Red Cross”) is a not-for-profit charitable organization dedicated to providing services to those in need. The Red Cross has traditionally demanded and received the highest ethical performance from its volunteers and employees. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the Red Cross to continue to offer its services required by those in need.

All volunteers and employees are required to sign the Code of Conduct form certifying that, in delivering Red Cross services and in all other Red Cross activities, they shall meet the following standard of conduct:

No volunteer or employee shall:

- a. **Personal Use.** Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of the Red Cross, except in conformance with Red Cross policy.
- b. **Financial Advantage.** Accept or seek on behalf of himself or herself or any other person, any financial advantage or gain of other than nominal value which may be offered as a result of the volunteer’s or employee’s affiliation with the Red Cross.
- c. **Red Cross Affiliation.** Publicly use any 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 Red Cross.
- d. **Confidentiality.** Disclose or use any confidential Red Cross information that is available solely as a result of the volunteer’s or employee’s affiliation with the Red Cross to any person not authorized to receive such information, or use to the disadvantage of the Red Cross any such confidential information, without the express authorization of the Red Cross.
- e. **Improper Influence.** Knowingly take any action or make any statement intended to influence the conduct of the 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. **Conflict of Interest.** Operate or act in a manner that creates a conflict or appears to create a conflict with the interests of the Red Cross and any organization in which the individual has a personal, business or financial interest. 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 Red Cross, as applicable. A decision will be made about the conflict of interest, and, where required, the individual may be required to absent himself or herself during deliberations, decisions and/or voting in connection with the matter.

**Certification of commitment to the
Code of Conduct**

I, _____, certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it. I affirm that, except as listed below, I have no financial interest or affiliation with any organization which may have interests that conflict with, or appear to conflict with, the best interests of the American Red Cross. Should an actual or potential conflict of interest arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decisions or voting related to the matter.

Describe any potential Conflicts:

Signature

Date

Printed Name

Consent of Parent or Guardian for Applicant under Age 18 years

Signature

Date

Printed Name

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 photographed, 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	Relationship
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III.

Producer, writer or photographer	
Assignment	Event/Location