



American Red Cross

YOUTH VOLUNTEER APPLICATION COLONIAL CROSSROADS CHAPTER OF THE AMERICAN RED CROSS



SUMMIT OFFICE: 695 SPRINGFIELD AVE., SUMMIT, NJ 07901 (908) 273-2076
MADISON OFFICE: 1 MADISON AVE., MADISON, NJ 07940 (973) 377-0455

WWW.COLONIALCROSSROADSREDCROSS.ORG

Today's Date		Date of Birth		Date of Graduation:	
Contact Information					
Last Name		First		Middle	
Home Address		Apt/Bldg	City		State Zip
Business Address		Suite	City		State Zip
Home Phone	Cell		Fax		
Email address					
Employer			Occupation		
Emergency Contact					
Name		Day Phone	Evening Phone		Relationship
Previous Red Cross Experience					
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.)					
Language Skill Proficiencies (include sign language)					
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					
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
Special Computer or Technical Skills & Training					
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> QuarkXpress <input type="checkbox"/> Network knowledge <input type="checkbox"/> Internet knowledge <input type="checkbox"/> Database knowledge <input type="checkbox"/> E-mail knowledge <input type="checkbox"/> Other (please explain): _____					

Availability

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening

Are you available for a short-term project? Yes No

A “yes” answer to the following *italicized* questions will not necessarily disqualify any applicant.

Are you licensed to operate a motor vehicle in this state? Yes No

Has your license to operate a motor vehicle ever been revoked? If yes, please explain. Yes No

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. Yes No

Has any of your Red Cross certification ever been revoked? If yes, please explain. Yes No

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

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

Health & Safety:

- Admin/Organization: Set up/register classes, maintain course records, track participation.
- Instructional Aide: Assist with classes including - CPR/AED/First Aid, Babysitting, Emergency Preparedness. Become an instructor for Scrubby Bear BAT (Basic Aid Training)

Blood Services – Assistance needed in registering donors, serving refreshments, distributing information

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.

Youth Volunteers – general office support, gardening, painting

- High School students –Red Cross Clubs – Run Blood Drives, Special Events/street fairs.

Special Events/Projects – Street, Community and Health Fairs.

Office Assistance – Performing general clerical duties, answering of phone.

Public Relations/Marketing/Fundraising -

Nursing Home Events - Ice cream socials, arts & crafts, Morris View Nursing Home, 2nd Tuesday of each month.

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.

Building & Grounds Maintenance – Madison and Summit – Youth can help mowing lawns and general upkeep.

BACKGROUND CHECKS

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:

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.

Name – Please Print

Date

Signature

Consent of Parent/Guardian for Applicant Under Age 18

Name – Please Print

Date

Signature

**AMERICAN RED CROSS
CODE OF CONDUCT**

CERTIFICATION

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 such conflicts or apparent conflicts 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.

I also agree, during the term of my affiliation with the American Red Cross, to report promptly to the Chairman of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the American Red Cross.

Date

Name and Title

Signature

Address

Social Security Number

I complied with the Code of Conduct during my membership on the Board of Directors including during 2003 and 2004.

AMERICAN RED CROSS CODE OF CONDUCT

Introduction

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 volunteers and paid staff. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer services required by those in need, the American Red Cross operates under the following Code of Conduct, applicable to all volunteers and paid staff.

Code of Conduct

No volunteer or paid staff member 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.
- b. Accept or seek, on behalf of himself 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 paid staff's affiliation with the American Red Cross.
- c. Publicly utilize 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 volunteer's 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.
- 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 interests of the American Red Cross.

In the event that the volunteer's or paid staff's obligation to operate in the best interests of the American Red Cross conflicts with the interests of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in any decisions or voting in connection with the matter.

CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY AGREEMENT

For All Volunteers Under the Age of 18

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:

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:

- (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.

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.

YOUTH VOLUNTEER (Under 18 Yrs of Age)

Signature

Volunteer ID Number

Printed Name

Department or Division

Title

I represent that I have read the above and have reviewed it with my child.

YOUTH VOLUNTEER'S PARENT OR GUARDIAN

Signature

Printed Name

INFORMATION RELEASE

1. 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	Phone number (optional)
Signature	Date

11. Consent of parent or legal guardian if above individual is a minor

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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111.

Producer, writer or photographer	
Assignment	Location