



**American
Red Cross**

of Greater Idaho

VOLUNTEER APPLICATION PACKET

Packet Includes:

General Volunteer Application Forms:

1. ARC of Greater Idaho Volunteer Application Form
2. Code of Conduct
3. Confidential Information & Intellectual Property Agreement (CIIPA)
4. Background Check/Licensure Form
5. NEVO Quiz

Disaster Volunteer Application Forms:

6. DSHR System Enrollment Application
7. DSHR System Member/Applicant Data Record
8. Personal Statement of Understanding
9. Health Status Record (must be updated annually)



Together, we can save a life

Thank you for your interest in volunteering with the American Red Cross! Our organization relies heavily on our capable and energetic volunteers in every aspect of service delivery and program administration. The mission of the American Red Cross is to provide relief to victims of disasters and help people prevent, prepare for and respond to emergencies. We appreciate your interest in helping us to further this mission.

We also want to make sure that your volunteer experience is a good one and so we have put in place a thoughtful intake process. We require all potential volunteers to go through the same process. The steps in the process include:

1. Review the information and forms in the application packet.
2. View the American Red Cross "New Employee and Volunteer Orientation" (NEVO) program on-line at http://www.redcross.org/general/0,1082,0_153_,00.html#orientation. Please look at all four modules of the program – History, Foundations, Key Services, and Our Commitments. Viewing time for all modules is approximately 70 minutes. This will provide you with a good overview of the organization and will help you to decide if the American Red Cross is the right "fit" for you as a volunteer and what type of volunteer position you may be most interested in pursuing. As you view the program, please complete the NEVO quiz included in this application packet.
3. Complete the general volunteer application forms included in this packet. If you wish to pursue volunteering in Disaster Services, please also complete those additional forms at the back of the application packet. If you are not sure whether or not you wish to volunteer in Disaster Services, you can always complete those required forms at a later date.
4. Initiate your background check on-line at www.mybackgroundcheck.com. Click on the Red Cross box and then follow the prompts. The process takes about 5 minutes.
5. Come in to one of our offices for a volunteer interview. This meeting provides you with a friendly opportunity to assess mutual interest and for you to ask whatever questions you may have, learn about further training requirements/opportunities for certain types of volunteer positions, etc. If you have not yet scheduled an interview appointment, please call me at 800-853-2570. We have offices throughout Idaho in Boise, Idaho Falls, Pocatello, Twin Falls, Lewiston and Coeur d'Alene.

If you have any questions, please don't hesitate to call me or send me an e-mail at marshallj@redcrossidaho.org.

Again, we thank you for your interest in joining the American Red Cross volunteer team!

Sincerely,

Jodie Marshall
Emergency Services Director
American Red Cross of Greater Idaho

Which office is closest to your home?

- Boise (Southwest District)
- Idaho Falls (East Idaho District)
- Pocatello (East Idaho District)
- Twin Falls (South Central District)
- Lewiston (North Central District)
- Coeur D'Alene (Northern Idaho District)

American Red Cross of Greater Idaho Volunteer Application

Date: _____

County: _____

Name _____
Last First M.I.

Birth Date: _____
month/day/year optional

Address: _____
Street

Home Phone: _____

City/State/Zip: _____

Cell Number: _____

E-Mail Address: _____

Employer/School: _____

Occupation: _____

Address: _____

Work Phone: _____

Does your employer have a matching gift program for your volunteer time? _____

Languages spoken: _____

Emergency Contact: _____

Name

Relationship

Home Phone

Work Phone

Why are you interested in volunteering? Please indicate if this is for a school internship, court ordered community service, etc.: _____

What previous volunteer experience have you had? Please name the organization(s). Include any previous experience with the American Red Cross: _____

Current and previous work experience includes: _____

Have you been convicted of any criminal activity within the last 7 years? _____ If yes, please explain the circumstances: _____

This will not necessarily keep you from becoming a volunteer

Highest level of education: _____ Major field of study: _____

Professional licenses or certifications: _____

Driver's license #: _____ Expiration date: _____

I am available: Mornings _____ Afternoons _____ Evenings _____ Weekends _____

For Office Use Only

Position/Appointment:	Appointment Indefinite <input type="checkbox"/>	Short Term <input type="checkbox"/> Duration:	Start Date:
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Background Ck Cleared Date:	Verified By (Print Name)	Referred to: (Volunteers Immediate Supv.)	Referred by (VC or DD):
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Appointment Examples: Disaster Response - Indicate National: CN or Chapter Only: CU, Admin. (Office, Leadership Council, etc.) Be specific.

The following programs are programs/departments that are dependent on volunteers. Please **circle** programs that you are interested in, indicate whether you are skilled by 'S' or interested in learning about by the letter 'I' in the space provided.

Business Management: Accounting ___ Budgeting ___ Human Resources ___ Staff Training ___
Word Processing ___ Data Entry ___
What experience do you have in this area? _____

Disaster Services: Disaster Action Team ___ Disaster Mental Health ___ Office Support ___
Community Disaster Education ___
What experience do you have in this area? _____

Development: Fundraising ___ Special Event Assistance ___ Auction Procurement ___
Bulk Mailings ___ Data Entry/Clerical ___
What experience do you have in this area? _____

Health & Safety Services: CPR/First Aid Instructor ___ Baby-Sitting Instructor ___
HIV/AIDS Awareness Instructor ___ Office Support ___
What experience do you have in this area? _____

Information Systems: Computer Programming ___ Training staff ___ Computer Support ___
What experience do you have in this area? _____

International Services: Office Support ___ International Humanitarian Law ___ Special Projects ___
Fundraising/Public Relations ___ Casework ___
What experience do you have in this area? _____

Public Affairs: Speakers Bureau ___ Office Support ___ Writing/Editing ___
Press Releases/Media Relations ___
What experience do you have in this area? _____

Volunteer Services: Interviewing ___ Office Support ___ Phones ___
What experience do you have in this area? _____

Other: Please indicate other experience and skills can be of service to the Red Cross: _____

Aside from your regular volunteer placement, are you willing to help with special projects (mailings, assembling packets, etc.)? in the office _____ at home _____ at community events _____

To the best of my knowledge the above information is true and is submitted voluntarily. This information may be used and disclosed for Red Cross purposes and I realize that as a Red Cross Volunteer I will not be paid for my service.

Signature

Date

Signature of parent if volunteer is under 18

Date

OPTIONAL

The following information is requested for statistical purposes only: Ethnicity: Cambodian, Hmong, Kmer, Khmu, Laotian, Mien, Vietnamese ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Pacific Islander ___ African American ___ Hispanic, Latino ___ Native American, Alaskan Native ___ Eastern European ___ Middle Eastern ___ Caucasian ___ Other or Multiracial ___ Not known ___

Sex: Male ___ Female ___

The Greater Idaho Chapter of the American Red Cross is committed to a diverse volunteer force.



AMERICAN RED CROSS CODE OF BUSINESS ETHICS AND CONDUCT

The American 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 employees and volunteers. 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 its services, the American Red Cross operates under the Code of Business Ethics and Conduct outlined below. All employees and volunteers are required to sign the Code of Business Ethics and Conduct form certifying that, in delivering Red Cross services and in all other Red Cross activities, they shall meet the following standards of conduct:

- **Compliance Requirements.** All employees and volunteers are required to comply with applicable federal, state and local laws and regulations and with American Red Cross corporate policies and regulations.
- **Actions Prohibited by the Code of Business Ethics and Conduct.** No employee or volunteer shall engage in the following actions:
 - 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 American Red Cross, except in conformance with American Red Cross policy.
 - b. **Financial Advantage.** 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. **Red Cross Affiliation.** 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. **Confidentiality.** 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. **Improper Influence.** 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. **Conflict of Interest.** 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. Next, a decision will be made about the conflict of interest, and, where required, the individual may be required to recuse or absent himself or herself during deliberations, decisions and/or voting in connection with the matter.
 - g. **Retaliation .** Retaliate against any employee or volunteer who seeks advice from, raises a concern with or makes a complaint to a supervisor or other member of management, the ombudsman, the Concern Connection Line, the Biomedical Regulatory Hotline or any other whistleblower program, about fraud,

waste, abuse, policy violations, discrimination, illegal conduct, unethical conduct, unsafe conduct or any other misconduct by the organization, its employees or volunteers.

- h. **Contrary to the Best Interest of the Red Cross.** Operate or act in any manner that is contrary to the best interest of the American Red Cross.
- **Ombudsman Program – Informal Dispute Resolution.** The American Red Cross has an organizational ombudsman designated as the neutral or impartial dispute resolution practitioner whose major function is to provide confidential and informal assistance to the many constituents with concerns or complaints about the Red Cross. The constituents who seek the ombudsman’s services are internal stakeholders, such as employees and volunteers, and external stakeholders, such as Red Cross clients, donors, suppliers, vendors and the public at large. The ombudsman provides a voluntary, confidential and informal process to facilitate fair and equitable resolutions and explore a range of alternatives or options to resolve the problems. If a formal investigation is what the individual seeks, referrals to the whistleblower hotlines may be appropriate.
 - **Investigations, Compliance and Ethics – Formal Dispute Resolution.** Distinguishing from the actions of the ombudsman, the Office of the General Counsel and the Office of Investigations, Compliance and Ethics (IC&E) conduct formal investigations into allegations of fraud, waste, abuse, Red Cross policy violations, illegal or unethical conduct or other improprieties regarding the Red Cross. Usually, the allegations arise from whistleblower complaints of Red Cross employees and volunteers seeking formal review or investigations of their allegations of wrongdoing.
 - **Whistleblower Hotline Programs.** The American Red Cross encourages open communications. All employees and volunteers are encouraged to bring any concerns they have regarding the organization or its employees and volunteers to their direct supervisor. If individuals seek an informal and confidential resolution, the ombudsman may be the appropriate choice. If a formal IC&E investigation is sought, the hotlines described below are the appropriate choice.

If an employee or volunteer suspects or knows about misappropriation, fraud, waste, abuse, Red Cross policy violations, illegal or unethical conduct, unsafe conduct or any other misconduct by the organization or its employees or volunteers, that individual should alert his or her supervisor or other member of local management. In those cases where an employee or volunteer is not comfortable telling his or her supervisor or local management, the employee or volunteer may contact the Concern Connection Line at 1-888-309-9679. For concerns about the collection, manufacturing, processing, distribution or utilization of blood or blood components (e.g., violations of FDA or OSHA regulations, falsification, quality failures, training, Biomedical Services computer and equipment issues), an employee or volunteer who is not comfortable with contacting his or her supervisor or local management may contact the Biomedical Regulatory Hotline at 1-800-741-4738.

CERTIFICATION OF COMMITMENT TO THE CODE OF BUSINESS ETHICS AND CONDUCT

I, _____, certify that I have read and understand the Code of Business Ethics and Conduct of the American Red Cross and agree to comply with it, as well as applicable laws that impact the organization, at all times. I affirm that, except as listed below, I have no personal, business or financial interest that conflicts, or appears to conflict, with the best interests of the American Red Cross. I agree to discuss any conflicts listed below with the chairman of the board or the chief executive officer of my unit or the general counsel of the American Red Cross and to refrain from participating in any discussions, deliberations, decisions and/or voting related to the matter presenting the conflict until such time as it is determined by the Red Cross that the conflict is mitigated or otherwise resolved.

Describe any 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: (1) 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 (2) 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.

Signature: _____

Date: _____

Print Name: _____

Rev. January 2007

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CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY AGREEMENT

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:

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 (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 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.

VOLUNTEER

Signature

Volunteer ID Number

Printed Name

Department or Division

Title

VOLUNTEER APPLICATION BACKGROUND CHECK & LICENSURE PAGE



BACKGROUND CHECKS

All American Red Cross employees and volunteers must undergo a background check. To complete this process you will need access to the internet and your driver's license.

1. Type the following link into your web browser: <http://www.mybackgroundcheck.com/ArcVts/>
2. Click the black box titled Request a Background Check
3. A map will be displayed, click on Idaho
4. Select I am an candidate to volunteer
5. Follow the instructions to complete submission of the online background check. You will need to enter your Social Security Number (or other form of government identification) and your driver's license number (if you have one).

PROFESSIONAL LICENSES – Mental Health (MH) or Health Services (HS)

Please include a copy of your MH or HS license information. Current license information must be kept in your record in order for you to serve in either of these activities.

Mental Health (MH) Professionals

Licensure requirements apply to licensed mental health professionals and include counselors, marriage and family therapists, psychiatrists, psychologists, registered nurses with documented psychiatric training and experience, and social workers.

Health Services (HS) Professionals

Individuals from the following disciplines may be serve in Health Services, provided they have current licensure in the state where they practice: MD, DO, RN, LPN, LVN, EMT, PA, Paramedics; or Allied Health Professionals – Nurses Aides, Home Health Aides, Certified Nursing Assistant, Personal Care Attendants; and currently certified First Aid trained volunteers.

APPLICATION PACKET NEW EMPLOYEE AND VOLUNTEER ORIENTATION (NEVO)



The American Red Cross has developed an on-line orientation program for new employees and volunteers. We ask volunteer applicants to complete this on-line orientation during the application process as it provides an excellent overview of our organization, the services we provide and the variety of volunteer opportunities available. The orientation is in four modules, and you can take all of them at once or do one at a time. All combined, it takes about 1 hour and 15 minutes to complete the orientation.

Instructions:

To access the on-line orientation, go to
http://www.redcross.org/general/0,1082,0_153_,00.html#orientation

Scroll half way down the page until you come to the section titled "Online Orientation of the American Red Cross." We recommend that you print the Participant Guide as it provides a nice written reference and a place to make notes or write down questions you may have for us. Click on each module (numbers 1 through 4) in succession. As you complete each module, please answer the following questions. When you come in for your interview, please bring this sheet with the other documents in your application packet.

Module 1:

1. From the list given, identify the three components of the International Red Cross and Red Crescent Movement. _____

2. Which Red Cross principle is being described here? "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." _____

Module 2:

1. The American Red Cross is guided by both its Congressional Charter and the _____ of the International Red Cross Movement.
2. The American Red Cross receives the majority of its funding from the government. True or False? _____

Module 3:

1. What are two types of services offered by American Red Cross International Services?

2. The Red Cross responds to more than 70,000 disasters each year. What is the most common disaster? _____

Module 4:

1. List the three visible dimensions of diversity. _____

2. The American Red Cross is diverse and inclusive through its strategy of total diversity with _____ programs and services.



NON-DISASTER RESPONSE APPLICANTS:

If you are not interested in responding to disaster calls either locally or outside the area, you do not need to complete the forms on the following pages that are related only to disaster response volunteers.

DISASTER RESPONSE APPLICANTS:

If you are planning to be a disaster responder, then please continue. Disaster volunteers are required to have the following paperwork on file and the Health Status Record must be updated annually.

1. DSHR System Enrollment Application
2. DSHR System Member/Applicant Data Record
3. Personal Statement of Understanding
4. Health Status Record

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DSHR System Enrollment Application

All information provided to the American Red Cross in this application is treated and maintained in a secure manner.

PLEASE PRINT **New Application** **Revised Application** (Complete only sections requiring change)

Legal, Proper Name (last, first, middle initial):			
Preferred Name:		Social Security Number:	
Address (street mailing)			Date of Birth:
City:	State:	Zip Code:	Occupation:
Email Address:			Home Phone:
Work Phone incl. area code:		Cell Phone incl. area code:	
Red Cross Personnel Category:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Chapter Employee	<input type="checkbox"/> National Employee
If Red Cross Employee:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt (attach a completed form 6494A)	ATLAS ID#:
Passport Expiration Date:		Country of Issuance:	
Driver's License Number:		State:	Driver's License Classification:

Other License(s)/Certificate(s):

Type:	License/Certification Number:	State:	Expiration Date:

Language(s) - list proficient languages other than English and proficiency rating (R=Read Only, S=Speak Only, F=Fluent)

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Group Affiliation

- American Southern Baptist Mission Board
 Church of Brethren
 Labor Union _____
Affiliation
- USPHS
 NCCC
 NPRC
 AmeriCorps
 Learn and Serve
 Senior Corps
- Current Group Affiliation
 Past Group Affiliation
Year _____

RED CROSS TRAINING	LIFE EXPERIENCE INFORMATION
Complete information as thoroughly as possible. <i>Introduction to Disaster Services</i> , CPR and a First Aid certificate are required for all DSHR System members. Indicate MO/DA/YR in which a course was most recently completed.	(Note any skills, knowledge, non-Red Cross training, management, supervisor and life experiences that assist in meeting competency criteria as listed in the Competency Criteria. Add additional pages as needed.)
COURSE NAME	Month/Day/Year
1. <i>Introduction to Disaster Services</i>	
2. First Aid	
3. CPR	
4.	
5.	
6.	

DISASTER RELIEF OPERATION HISTORY

(Complete with information regarding any disaster assignments on which you have served and which will substantiate your disaster history, particularly for your Group and Activity preferences. Refer to your unit Disaster Services representative to clarify DR numbers, operation names, and positions in which you served. Write LOCAL if no DR# was assigned.

DISASTER OPERATION GROUP AND ACTIVITY PREFERENCE

Discuss with your unit's Disaster Services representative the Disaster Operation activities which you meet the competency criteria. Complete in order of preference. Use as listed in the Competency Criteria.

DR # Received	Operation Name	Date (MM/dd/yyyy)	Position	# Days	Evaluation	Group	Activity	Position
			Select One		Select One	1. Select One		Select One
			Select One		Select One	2. Select One		Select One
			Select One		Select One	3. Select One		Select One

RED CROSS UNIT/CHAPTER AFFILIATION

Complete with information about your unit that will be used to recruit you for disaster operations.

Unit/Chapter Name: Greater Idaho			Phone incl. area code: 800-853-2570
Address Street: 404 S. 8 th St., Suite 232			Chapter Code: 12024
City: Boise	State: ID	Zip: 83702-	Service Area: WEST SA2

TO BE NOTIFIED IN CASE OF EMERGENCY

Name:		Relationship:
Address (street/ mailing):		Home Phone incl. area code:
City:		Work Phone incl. area code:
State:	Zip Code:	Cell Phone incl. area code:

APPLICATIONS WITHOUT PROPER SIGNATURES CANNOT BE ACCEPTED

The Disaster Services Human Resources (DSHR) System has my permission to verify this information. I verify that I have not been convicted of a felony, or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If any of the information contained in my application is incomplete or found to be untrue, I understand that I will be removed from the DSHR System.

<input type="checkbox"/> I check this box as endorsement of my agreeance, in lieu of my signature.	Date:
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ENDORSEMENT---UNIT OF AFFILIATION

I endorse this individual as a member of the DSHR System and verify that the individual meets the baseline criteria for membership and meets the competency criteria for the group and activities designated.

Print Name:	Title:
Signature:	Date:



**American
Red Cross**

Disaster Services Human Resource System Member/ Applicant Data Record

The American Red Cross and the Disaster Services Human Resources (DSHR) System, in recognition of our responsibility to paid and volunteer staff and the community, reaffirm our policy to assure fair and equal treatment in all employment practices. We will not discriminate on the basis of race, color, religion, sex, age or national origin or against any qualified handicapped individual, disabled veteran, or veteran of the Vietnam era.

Solely to help us comply with government record keeping and reporting, please provide the information requested below.

PLEASE PRINT

Date		
Name (Last, First, MI):		
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Check One:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Two or more races	

Check if any of the following are applicable:	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Veteran (other than Vietnam)
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Please complete and return this form to your unit of affiliation. This form should be submitted within the first year of membership, no later than your first annual profile update.

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PERSONAL STATEMENT OF UNDERSTANDING

Name _____

I am an applicant for
 a member of the Disaster Services Human Resources (DSHR) System of the American Red Cross.

I understand there are certain conditions I must accept as a member of the DSHR System.

1. Availability

I am available and able to service on disaster assignments within the continental United States as well as its territories and possessions for indefinite periods depending on the needs of the disaster relief operation. I understand assignments vary in duration and are determined by the needs of the organization and other considerations. I understand assignments take place within high pressure work situations in adverse conditions such as long and irregular hours, erratic and inappropriate food, eating and sleeping conditions; extreme heat, cold or dampness; crowds, noisy environment, and exposure to dust or other allergens. I understand my assignment may be extended or curtailed in accordance with applicable Red Cross policies, procedures and staffing requirements, determined at the discretion of Red Cross Disaster Services. I understand that I must keep my unit of affiliation apprised of my specific dates of availability for assignment.

2. Work Performance

I am willing to comply with all directives issues by Disaster Services. I will uphold and follow the policies of the organization. I understand that I may be released from an assignment and/or removed from the DSHR System for a violation of policy or a personnel/performance issue.

3. Reimbursement for Official Assignment Expenses

I understand that there are established policies and procedures of the Red Cross for reimbursement of expenses for food and lodging, and certain other related expenses, incurred in connection with official assignments on disaster operations. I understand that failure to comply with said regulations may result in my dismissal from the DSHR System.

4. Status

I verify that I have not been convicted of a felony or of a misdemeanor resulting in imprisonment within the last 24 months.

I understand that I must update this form as soon as any changes in the above occur and submit and updated form on an annual basis.

I fully understand the mandatory requirements indicated above and certify that I am able to comply with them. If these statements are found to be incomplete or untrue, I understand that my enrollment in the DSHR System will be terminated.

IF SUBMITTING THIS FORM ELECTRONICALLY, CHECKING THE BOX BELOW WILL SERVE AS PROPER SIGNATURE.	
<input type="checkbox"/> By checking this box, I acknowledge, understand, and agree to the above statements and terms.	Date:
FOR NON-ELECTRONIC SUBMITTALS, PLEASE SIGN BELOW	Date:
Signature:	

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CONFIDENTIAL

To be completed and signed by the individual, please PRINT all information

New

Annual

Change in health status

Name _____ DSHR # _____
Last First MI

Address _____ City _____ State _____ ZIP _____

Phone _____ Cell/alternate _____

Emergency Contact (Name) _____ Phone _____

Unit of Affiliation _____ Phone _____ Chapter Code _____

Group/Activity/Position 1. _____ 2. _____ 3. _____

Date of last Tetanus shot _____ Height _____ Weight _____ DOB _____

Allergies (food, medication, insect, dust, latex, etc.) What happens? What do you do?

Mark yes if you are able or no if unable, please explain any limitations or accommodations requested*

- Lift and carry 20 pounds repeatedly yes no _____
- Lift and carry 50 pounds repeatedly yes no _____
- Climb two or more flights of stairs yes no _____
- Stand for two hour periods yes no _____
- Sit for long periods yes no _____
- Walk on uneven terrain yes no _____
- Walk for two hours yes no _____
- Drive in daylight and at night yes no _____
- Bend and stoop yes no _____
- Sleep on a cot or floor yes no _____
- Work and live with little or no privacy yes no _____
- Tolerate extreme heat and humidity yes no _____
- Require air conditioning yes no _____
- Tolerate extreme cold yes no _____
- Tolerate areas with mold and mildew yes no _____
- Tolerate smoke or poor air quality yes no _____
- Require access to specialized medical care yes no _____
- Require electricity for medical devices/meds yes no _____
- Require assistance with health monitoring yes no _____
- Require special food items/diet/timing of meals yes no _____
- Tolerate exposure to mass casualties/death yes no _____
- Work 12 hour shifts/night/weekends yes no _____

*All accommodations must be requested in writing with supporting medical documentation.

Have you had any of the following conditions in the last 24 months?

- | | |
|---|--|
| <input type="checkbox"/> Heart attack/heart disease | <input type="checkbox"/> Bleeding disorders/ anticoagulation therapy |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke/CVA/TIA |
| <input type="checkbox"/> Migraines/headaches | <input type="checkbox"/> Anxiety/PTSD/Bipolar Disorder |
| <input type="checkbox"/> Skin problems/breaks in skin/lesions | <input type="checkbox"/> Seizures/nervous system/neurological |
| <input type="checkbox"/> Stomach/intestine/hernia | <input type="checkbox"/> Sleep apnea/sleep disorders |
| <input type="checkbox"/> Urinary problems | <input type="checkbox"/> Mobility issues |
| <input type="checkbox"/> Asthma/COPD/emphysema | <input type="checkbox"/> Back/joint/bone problems |
| <input type="checkbox"/> Vision problems (not corrected) | <input type="checkbox"/> Immune system problems |
| <input type="checkbox"/> Hearing problems/hearing aids | <input type="checkbox"/> Current infectious disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |

Any ER visits, hospitalizations, surgeries or ongoing therapy during the last 12 months?

List all prescription and routine over-the-counter medications and reason for taking.

MEDICATION:	HOW OFTEN:	REASON FOR TAKING:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medical equipment or assistive devices used (crutches, canes, nebulizer, CPAP, oxygen, braces, wheelchair, service dogs, etc.). _____

I have reviewed the physical requirements for my group and activity in *Connection 2005-004, Review of Health Status Record* (on the Physical Capacity Grid) and the *DSHR System Handbook* with my unit of affiliation. I understand the physical requirements for being a disaster worker and hereby state that I am able to fulfill those requirements. I understand that if my health status changes, I am responsible for updating this form immediately and submitting to my unit of affiliation.

I understand that while health insurance is not required, I will be financially responsible for my health care expenses.

In signing below, I give permission for the Red Cross Staff Health Consultant or designee to contact my health care provider for information concerning my current health status. I will be notified before contact with my health care provider is made. I understand that refusal to sign may limit deployment.

Signature of DSHR Member _____ Date _____