



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. Personal Statement of Understanding
5. Background Check/Licensure Form
6. NEVO Quiz
7. Reference Check Forms



American Red Cross
of Greater Idaho

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. 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.
3. Please call 1-800-853-2570 ext. 803 for more information. Or you can E-Mail volunteer services at volunteersw@redcrossidaho.org

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

Again, we thank you for your interest in joining the American Red Cross of Greater Idaho's volunteer team!

Sincerely,

Malissa Bowman
Volunteer Services Coordinator
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 _____ Birth Date: _____
Last First M.I. month/day/year optional

Address: _____ Home Phone: _____
Street Cell Number: _____

City/State/Zip: _____ E-Mail Address: _____

Employer/School: _____ Occupation: _____

Address: _____ Work Phone: _____
 Does your employer have a matching gift program for your volunteer time? **Y / N**

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 _____

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 _____

Signature *Date*

Signature of parent if volunteer is under 18 *Date*

Signature of Interviewer *Date*



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: _____

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.

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PERSONAL STATEMENT OF UNDERSTANDING

Name: _____

I am an applicant for _____ Volunteer _____.

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.

By checking this box, I acknowledge, understand, and agree to the above statements and terms. Date: _____

FOR NON-ELECTRONIC SUBMITTALS, PLEASE SIGN BELOW

Signature: _____ Date: _____



American Red Cross
Of Greater Idaho Chapter

For the protection of the clients we serve, it is a policy that all volunteers and paid staff applicants over the age of 18 years have a background check completed.

Consents for Reference and Background Checks

I do, hereby, give the American Red Cross permission to inquire into my educational background, references, driving record, police record, 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, which may arise as a result of the release of information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to the above-named Red Cross unit. I understand that the American Red Cross will use the information as part of its verification of my application and periodically for evaluation purposes.
(Please Print)

Position Applied For _____

Name _____

Date of Birth _____ Social Security # _____ - _____ - _____

Signature _____ Date _____

Please Complete the Consent for Reference and Background Check Form and Return in an E-Mail to volunteer@redcrossidaho.org

Volunteer Reference

The mission of the American Red Cross is “to provide relief to victims of disaster and to help people prevent, prepare for and respond to emergencies.” This is primarily done through volunteers. You have been asked to be a reference for someone who is interested in becoming a Red Cross Volunteer.

Thank you for your help!
Volunteer Coordinator
American Red Cross of Greater Idaho
volunteersw@redcrossidaho.org
1 (800) 853-2570 ext.242

Name of Volunteer Applicant

First reference:

_____ (____) _____ - _____
First Name Last Name Phone # Phone Type (home, cell, work, etc.)

Relationship: _____ Years known: _____

Job Title: _____

OFFICE USE ONLY

Does this person need much supervision or direction? _____ _____
What do you think would be the ideal volunteer position for this person? _____ _____ _____
Is there any other information that you think we would find useful regarding this applicant? _____ _____

Signature: _____ Date: _____
(Reference Signature)

Signature: _____ Date: _____
(Applicant Signature)

*By signing this for both the volunteer applicant and the reference listed are acknowledging that they are submitting valid and reliable information that will be used to ensure that the applicant is appropriate for the Chapter and/or that we find the proper placement within the organization for the volunteer applicant.

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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/flash/NEVO/NEVOMod1/player.html>

<http://www.redcross.org/flash/NEVO/NEVOMod2/player.html>

<http://www.redcross.org/flash/NEVO/NEVOMod3/player.html>

<http://www.redcross.org/flash/NEVO/NEVOMod4/player.html>

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.