



American Red Cross/Office Use Only

CLARA ID: _____ DSHR ID: _____

Volunteer Status: Active Registered for Credit: *Number of Mandatory Service Hours* _____ Unregistered

App Rec'd: ___/___/___ Screening Date: ___/___/___ Background Sent: ___/___/___

Background Check: ___/___/___ Status: Pass N/A Restricted: _____

Code of Conduct: ___/___/___ Confidentiality: Yes No Media Release Signed: Yes No

Referred to Dept/District Office/Blood Center: _____

Account/Affiliation: Disaster Action Team – _____

Other: _____

Contact Information

Title: Mr Ms Miss Mrs Dr Rev Sr Sra Srta

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Work (Day) Phone: (_____) _____ — _____ Home (Evening) Phone: (_____) _____ — _____

Cellular Phone: (_____) _____ — _____ Home Facsimile: (_____) _____ — _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

County (e.g. *Fulton, DeKalb*): _____

Email: _____

Current Group Affiliation (i.e. Employer, School, Community Group)

Employer or School: _____ Send mail to my: Home Office

Address Line 1: _____ Phone: (_____) _____ — _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

County (e.g. *Fulton*): _____

Business Title: _____ Phone: (_____) _____ — _____

Contact or Assistant's Name: _____ Facsimile: (_____) _____ — _____

Demographic Information / Profile

Please provide your demographic information for Red Cross reporting purposes.

Date of Birth (mm/dd/yyyy): ___/___/___ Gender: Male Female

Race: American Indian or Alaska Native Asian

Black or African American Hispanic or Latino

Native Hawaiian/Other Pacific Islander White

Other: _____

List any physical/health limitations you may have: _____

Assessments

May we contact you by email? Yes No

Would you like to receive the RedLink E-newsletter? Yes No

What is your expected duration of volunteering? <3 months 3-6 months 6-12 months >12 months

If less than 6 months enter in dates that you are available? _____

Previous Experience: Red Cross Chapter Name: _____ / DSHR: Yes No

Previous Experience: No Yes - Red Cross Blood Services: _____

Previous Volunteer Experience: No Yes – Name the agencies: _____

Please review current volunteer opportunities at www.redcrossatlanta.org and indicate your top two choices.

1) _____ 2) _____

How did you learn about volunteering with us? (Choose One)

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Direct Appeal | <input type="checkbox"/> Speaker/Class | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Employer/Agency | <input type="checkbox"/> Internet | <input type="checkbox"/> Event Booth | <input type="checkbox"/> Mass Media |
| <input type="checkbox"/> Other: _____ | | | |

Current Instructor Authorization(s): _____

Red Cross Activities: _____

Special Awards or Honors: _____

Skills

Language:

List only *proficient* languages and area of proficiency

(R=Read Only, S=Speak Only, F=Fluent/ Choose one per language)

___ Spanish Read Speak Only Fluent ___ French Read Speak Only Fluent

___ Chinese Read Speak Only Fluent ___ Korean Read Speak Only Fluent

___ Other: _____ Read Speak Only Fluent

Skills:

Mark your level for each of the following areas

(A=Ability, I=Interest, E=Experience/Choose one per skill)

- | | | |
|--|--|---|
| A I E
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Administrative Support | A I E
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accounting | A I E
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Data Entry: _____ wpm |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warehouse/Inventory | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Print Shop | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Public Speaking | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Casework | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Information Technology | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fundraising | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Public Relations/Marketing |

Licenses:

Driver's License Classification: _____ State _____

License # _____ Expiration Date ____/____/____

Student Nurse RN LPN Doctor EMT Social Worker

Professional Licensure 1: _____ State _____

License # _____ Expiration Date ____/____/____

Professional Licensure 2: _____ State _____

License # _____ Expiration Date ____/____/____

Emergency Contact

Name: _____ Relationship: _____
Work (Day) Phone: (_____) _____ — _____ Home (Evening) Phone: (_____) _____ — _____
Cellular Phone: (_____) _____ — _____ Facsimile: (_____) _____ — _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ ZIP Code: _____
County (e.g. Fulton): _____
Email: _____

For YOUTH under the age of 18/Para JUVENTUD bajo la edad de 18:

I agree that my child has permission to participate in the Red Cross Volunteer Program. I acknowledge that he or she is in good health and give my consent to contact my child's physician in the event of an emergency. *Le doy permiso a mi hijo(a) para participar en el Programa de Voluntarios de la Cruz Roja. Confieso que él o ella goza de buena salud y doy mi consentimiento para comunicarse con su médico en caso de una emergencia.*

Parent or Guardian's Signature / Firma del Padre o Encargado: _____ Date: ____ / ____ / ____

Personal or Professional References

Please list two contacts from personal or professional experience. We may contact them to verify your qualifications.

Name: _____ Relationship: _____
Work (Day) Phone: (_____) _____ — _____ Home (Evening) Phone: (_____) _____ — _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Email: _____

Name: _____ Relationship: _____
Work (Day) Phone: (_____) _____ — _____ Home (Evening) Phone: (_____) _____ — _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Email: _____

Code of Conduct

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.

Required 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 at 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, customer 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.

Required Signature: _____ Date: ____/____/____

Printed Name: _____

For YOUTH under the age of 18/Para JUVENTUD bajo la edad de 18:

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

Parent or Guardian’s Signature/ *Firma del Padre o Encargado*: _____ Date: ____/____/____

Media Information Release

I give to the American Red Cross, its nominees, agents, and assigns unlimited permission to use, publish, and republish for purposes of advertising and trade and for such use as it may determine, information and reproductions of my likeness, my story (photographic or otherwise) and my voice related to my work as a Red Cross volunteer or related to the assistance I received from the American Red Cross, its chapters, or blood centers, with or without identification of me by name.

Le doy permiso a la Cruz Roja Americana, a su personal, agentes y asignados para publicar y republicar información, para reproducir sus retratos, su historia (fotografías y otras cosas) y su voz, con relación a su trabajo como voluntario(a), con o sin su nombre o identificación, para usar con el propósito de hacer propaganda y comercio y para otros usos que ellos determinen.

Signature/ *Firma*: _____ Date/ *Fecha*: ____/____/____

Printed Name/ *Nombre*: _____

For YOUTH under the age of 18/Para JUVENTUD bajo la edad de 18:

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

Parent or Guardian’s Signature/ *Firma del Padre o Encargado*: _____ Date: ____/____/____