American Red Cross Youth Volunteer Application

Participants
The program is open to any person who is 16 – 20 years of age.

Tuition
Tuition for the academy is free for each participant.

Please complete all portions of this application by **September 28, 2012** and return it to:
American Red Cross
Attn: Club Red
4200 War Eagle Drive
Sioux City, IA 51109
712-252-4081 or 800-340-4081

It will take approximately three business days to process your application once it has been received.

Thank you for your interest in becoming an American Red Cross volunteer!
We could not do it without you!

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Club Red Volunteer Data

Please print all information.

☐ Male    ☐ Female

Date of Birth

<table>
<thead>
<tr>
<th>Last name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Mailing Address (if different)</th>
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<table>
<thead>
<tr>
<th>City, State, Zip</th>
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School Information:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City, State</th>
<th>Graduation date</th>
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How to contact or communicate with you:

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Cell phone</th>
<th>Work Phone</th>
</tr>
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<table>
<thead>
<tr>
<th>Email address</th>
<th>Website address</th>
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Emergency Contact Information:

<table>
<thead>
<tr>
<th>Emergency Contact name</th>
<th>Relationship</th>
<th>Best number to call</th>
</tr>
</thead>
</table>

| Alternate phone number(s) |
Your interests:

What are your interests/skills: __________________________________________________________

Languages Spoken fluently (other than English): __________________________________________

Listed below are some of the opportunities available to you as a volunteer. Please check any areas of interest:

**Disaster Services**
- Disaster Action Team
- Disaster Health Services
- Disaster Worker
- Community Disaster Education
- Assemble Comfort kits
- Mass Care Canteen
- Communications

**Com/Marketing/Fundraising**
- Speakers Bureau
- Special Events
- Media Relations
- Fundraising

**Military**
- Caseworker (military & International)

**Health & Safety Services**
- Teach Basic First Aid/CPR
- Teach Advanced First Aid/CPR
- Aquatics
- Work Health Fairs
- First Aid Stations
- First Aid Standbys
- Babysitting instructor

**Volunteer Office**
- Participate on committees
- Records Management
- Data Entry
- Janitorial
- Driver
- Shopping
- Special Projects (short term)

**Youth Services**
- Activities Planner
- Youth Corp Member
- Recruitment
- Club Red Internet Team
- Club Red Newsletter

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**AMERICAN RED CROSS**

**PARENTAL/GUARDIAN CONSENT**

__________________________, my minor child, wishes to participate in the CLUB RED ACADEMY to be held at the AMERICAN RED CROSS beginning October 20, 2012 – April 6, 2013 (“Activity”). As the minor’s parent/guardian, I hereby consent to his/her participation in the Activity.

I am not aware of any physical or medical condition that would interfere with my child’s ability to participate. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the American Red Cross permission to seek medical attention for my child.

________________________________________________
Signature of Parent/Guardian

________________________________________________
Printed Name of Parent/Guardian

I understand that my child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, SIOUXLAND AREA CHAPTER, and their agents and affiliates to use the minor’s name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. __________
PLEASE READ THE FOLLOWING STATEMENT. IF YOU AGREE, SIGN BELOW.

Mission Statement:
The American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and help people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its Congressional Charter and the Fundamental Principles of the International Red Cross and Red Crescent Movement.

As a volunteer, I recognize and will be committed to the principles of the American Red Cross – Impartiality, Neutrality, Independence, Voluntary Service, Unity, and Universality.

I will represent the American Red Cross in a positive manner and will carry out my responsibilities in a courteous, respectful and professional manner. All client records and information shall be treated with confidentiality.

I understand that I must abide by the rules and regulations of the American Red Cross and other institutions to which I am assigned. I promise to be dependable and perform my service unselfishly and to the best of my ability.

Applicant’s Signature: _______________________________ Date: ____________

My son/daughter/ward has my permission to participate as a Red Cross Youth volunteer, and I make the commitment to support my child/ward in these activities whenever possible. All my questions have been answered to my satisfaction and I give my permission for his/her participation.

Signature: ____________________________________________ Date: ____________
AMERICAN RED CROSS
LIABILITY WAIVER
(for events involving adult and minor participants)

I/my minor child, ____________________________, wish/es to participate in the CLUB RED ACADEMY to be held at the AMERICAN RED CROSS beginning October 20, 2012 – April 6, 2013 (“Activity”).

I am aware that participation in the Activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child’s ability to participate.

IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE THE AMERICAN NATIONAL RED CROSS, SIOUXLAND AREA CHAPTER, AND ALL OF THEIR EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS (“RELEASEES”) FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY/MY CHILD’S PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

For parents/guardians of minor participants only: As the minor’s parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the American Red Cross permission to seek medical attention for my child.

BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

__________________________  __________________________
Signature of Participant or, if Participant is a minor,  Date
the Participant’s Parent/Guardian
________________________________________________________________________
Printed Name of Participant or Participant’s Parent/Guardian

I understand that I/my child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, SIOUXLAND AREA CHAPTER, and their agents and affiliates to use my/my child’s name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. __________

EMERGENCY INFORMATION
(to be provided by parent/guardian of minor participant)

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:
Name: ____________________________
Daytime: __________________________
Evening: __________________________
Cell: ___________________________
Physician: __________________________
Phone: ___________________________

Parent/Guardian 2:
Name: ____________________________
Daytime: __________________________
Evening: __________________________
Cell: ___________________________
Phone: ___________________________