



APPLICATION

<i>Checklist</i>
<input type="checkbox"/> Complete Student Portion of Application <input type="checkbox"/> Complete Parent Portion of Application <input type="checkbox"/> Complete Red Cross Parental Consent Form <input type="checkbox"/> Rochester City School Students Only: Complete RCSD Release Form in addition to still including a copy of your Report Card <input type="checkbox"/> Attach a copy of last year's entire Report Card <input type="checkbox"/> Submit all Application materials via mail, email or fax to Alesia Sitka, 50 Prince Street, Rochester, NY 14607 or alesia.sitka@redcross.org or FAX 585-241-4401 Attention: Alesia Sitka

Application Deadline: September 28, 2018

STUDENT PORTION

STUDENT CONTACT INFORMATION

Name: (First) _____ (Middle Initial) _____ (Last) _____

Preferred Name: _____

Home Address: _____
Number
Street
City
Zip Code
County

Home Telephone: () _____ Your Cell Phone: () _____ Allow text alerts: Yes No

Your Email Address: _____ Preferred Method of Contact: _____

Age: _____ Date of Birth: _____

Gender: Male Female Gender Non-Conforming Prefer Not to Answer

Ethnicity: African American American Indian Asian Caucasian Hispanic Native Hawaiian or Pacific Islander
 Other: _____

List the Languages in which you are fluent: Primary: _____ Secondary: _____

*Note: All workshops and discussions are conducted in English

Is anyone in your immediate family connected to the Military Yes No Explain: _____

Do you have any food or other allergies: Yes No (Please list any allergies or medications you are currently taking): _____

Emergency Contact: _____

Name

Relationship

Phone Number

STUDENT SCHOOL INFORMATION FOR 2018-2019 ACADEMIC YEAR

School Name: _____ Grade level: _____

Homeroom #: _____ Student ID#: _____ Average GPA: _____

Counselor Name: _____ Counselor Email Address: _____

List any clubs, sports, after school activities or other programs in the community or school in which you are involved:

Will any of these activities prevent you from attending this program? Yes ___ No ___

The Red Cross provides bus passes to all program participants. Will you be needing bus passes? Yes No

STUDENT SERVICE WORK

**Note: Students will have the opportunity to become registered Red Cross Volunteers and support service projects. In order to do so, they will be required to have a parent fill out a Volunteer Release Form which is found in this application packet.*

Do you need to complete community service/service learning hours within the school year? : Yes No

If yes, indicate how many hours: _____ Hours must be completed by: _____

STUDENT LEADERSHIP QUESTIONS

How did you hear about the Youth Leadership Program? _____

Have you participated in a Red Cross Youth Leadership Program or Leadership Camps in the past? Yes No

If yes, when (mm/yr)? _____

Why do you want to participate in this program?

STUDENT REPORT CARD

I HAVE ATTACHED LAST YEAR'S REPORT CARD TO THIS APPLICATION: Yes

STUDENT AGREEMENT

I, _____ promise to attend and participate in ALL program sessions and activities ON and OFF the premises and will arrive on time. I will notify the Youth Leadership Specialist in advance if I will be late or absent.

Student Signature _____ Date _____

PARENT/GUARDIAN PORTION

FAMILY INFORMATION

Parent/Guardian 1 Name: _____ Relationship: _____

Phone Number: H: () _____ W: () _____ Cell : () _____

Allow text alerts: Yes No Email Address: _____ Employer: _____

Preferred Method of Contact: _____

Parent/Guardian 2 Name: _____ Relationship: _____

Phone Number: H: () _____ W: () _____ Cell : () _____

Allow text alerts: Yes No Email Address: _____ Employer: _____

Preferred Method of Contact: _____

PARENT/GUARDIAN QUESTIONS

What would you like your child to gain from participating in this program?

Does your child have any special needs/learning disabilities: Yes No If yes, please list below:

Is there anything else we should know about your child? :

PARENT/GUARDIAN PERMISSIONS

All students must have parental permission indicated by a signature below to attend the Red Cross Youth Leadership Program.

I, _____ give permission for my child _____ to attend the Red
Parent/Guardian Student

Cross Youth Leadership Program. It is my understanding that my child should attend ALL sessions AND activities ON and OFF the premises. I give permission for Red Cross to obtain report card information from my child's school.

Media Release: I also understand that the child may be photographed/videoed during the course of the program. I grant full and unlimited permission to the American Red Cross, and its 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: _____

Parent/Guardian Signature _____ Date _____

REQUIRED FORMS CHECK

- I have completed the Rochester City School District Grade Release Form included : Yes N/A
I have completed the Red Cross Parental Consent Form included: Yes
I have attached a copy of last year's Report Card: Yes

THANK YOU FOR COMPLETING THIS APPLICATION

For any questions or concerns please contact Alesia Sitka, Youth Program Specialist.
Phone: 585-241-4261 or
Email: alesia.sitka@redcross.org



**American
Red Cross**

Greater Rochester
Youth Leadership Program



American Red Cross

PARENTAL/GUARDIAN CONSENT

_____, a minor child, wishes to participate as an American Red Cross Volunteer ("Activity"). The American Red Cross involves activities on and off the premises of the local Red Cross chapter. 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 the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the American Red Cross permission to seek medical attention for the child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Media Release: I understand that the child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, and its 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. _____

EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:

Parent/Guardian 2 (or Emergency Contact):

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home phone: _____

Home phone: _____

Mobile phone: _____

Mobile phone: _____

Office phone: _____

Office phone: _____

Child's Physician:

Name: _____

Office phone: _____

School Name: _____

CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY AGREEMENT

For All Volunteers Under the Age of 18

This Confidential Information and Intellectual Property Agreement (“Agreement”) is made as of the date of signature below (“Effective Date”), by and between THE AMERICAN NATIONAL RED CROSS, including all chartered units (“Red Cross”), and the undersigned (“I,” “me” or “my”).

Reasons for Agreement

I desire to volunteer or to continue to volunteer with the Red Cross. I acknowledge that I may, in the course of my service to the Red Cross (“Volunteer Service”), have access to or create (alone or with others) confidential and/or proprietary information and intellectual property that is of value to Red Cross. I understand that this makes my position one of trust and confidence. I understand Red Cross’ need to limit disclosure and use of confidential and/or proprietary information and intellectual property. I understand that all restrictions are for the purpose of enabling Red Cross to fulfill its humanitarian mission, to maintain donors, customers and clients, to develop and maintain new or unique products and processes, to protect the integrity and future of Red Cross and to protect the employment and volunteer opportunities of the Red Cross. THEREFORE, I agree to the following:

1. Definitions.

“**Confidential Information**” shall include but not be limited to:

- (i) information relating to Red Cross’ financial, regulatory, personnel or operational matters,
- (ii) information relating to Red Cross clients, customers, beneficiaries, suppliers, donors (blood and financial), employees, volunteers, sponsors or business associates and partners,
- (iii) trade secrets, know-how, inventions, discoveries, techniques, processes, methods, formulae, ideas, technical data and specifications, testing methods, research and development activities, computer programs and designs,
- (iv) contracts, product plans, sales and marketing plans, business plans and
- (v) all information not generally known outside of Red Cross regarding Red Cross and its business, regardless of whether such information is in written, oral, electronic, digital or other form and regardless of whether the information originates from Red Cross or Red Cross’ agents.

“**Intellectual Property**” shall include but not be limited to:

- (i) all inventions, discoveries, techniques, processes, methods, formulae, ideas, technical data and specifications, testing methods, research and development activities, computer programs and designs (including improvements and enhancements and regardless of patentability),
- (ii) trade secrets and know-how,
- (iii) all copyrightable material that is conceived, developed, or made by me, alone or with others,
- (iv) trademarks and service marks and
- (v) all other intellectual property.

Intellectual Property shall include any intellectual property created by me:

- (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.

YOUTH VOLUNTEER (UNDER 18 YRS of AGE)

Signature

Volunteer ID Number

Printed Name

Department or Division

Title

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

YOUTH VOLUNTEER'S PARENT OR GUARDIAN

Signature

Printed Name

Attachment A

ROCHESTER CITY SCHOOL DISTRICT

AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL INFORMATION
PARENTAL CONSENT FORM

Student: _____ DOB: _____ Rochester City School District ID: _____

Telephone: _____ School: _____ Grade: _____

Relationship to student: Parent Legal Guardian _____

I am the person legally responsible for the above named individual and I authorize the following:

To obtain only the information from the Rochester City School District as noted below:

<u>STUDENT DATA INFORMATION</u>	
Please identify the type of data that the District will provide to: The American Red Cross of Western & Central NY:	
Please check all the data that you want provided: [Youth Leadership Program MOA]	
<input type="checkbox"/> Assignments	
<input type="checkbox"/> Grades	
<input type="checkbox"/> Report Card Information	
<input type="checkbox"/> Attendance data	

By signing below I am stating that:

I hereby authorize the disclosure of educational information between organization(s) or name of person(s) listed above and Rochester City School District (District), in accordance with the Family Educational Rights and Privacy Act (FERPA). The purpose of this disclosure is to advance the education of my student.

I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.

I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the District's General Counsel. Any revocation shall not apply to the extent the District has already taken action in reliance on this authorization.

I authorize the periodic, on-going disclosure of the above information.
This authorization expires on June 30, 2020

Please be sure to date this form in order for the District to process.

Student/Parent/Guardian Signature: _____ Date: _____

Student/Parent/Guardian Printed Name: _____

Witness: _____ Date: _____