



**Greater Houston Area Chapter
American Red Cross
Youth Volunteer Application Form**

Please Print Legibly

Last Name _____ First Name _____ M.I. _____
 Home Address _____ City _____
 County _____ State _____ Zip Code _____ Home Phone (____) _____
 Email _____

Emergency Data

In case of emergency, notify: Mother Father Guardian
 Parent(s) or Guardian Name(s) _____
 Phone _____ Cell/Pager _____

Education

Name of School	Current Grade Level	Name of Red Cross Club

Positions and dates held within Club: _____

Personal References

List two persons, other than family, who know your qualifications, one of them may be the club sponsor, with the school address. These references may be checked.

Name _____	Name: _____
Address _____	Address: _____
_____	_____
Phone _____	Phone _____

Statistical Data

Volunteers are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disabilities. The following information is used only to develop a complete record of our programs. Completion is optional, although it is very useful to the organization.

Sex: Male Female Date of birth ____/____/____

Ethnicity: African American White Hispanic Native American Asian/Pacific Isl.
 Other _____

Statements of Understanding and Code of Conduct Certification

I understand that this is a volunteer position and not a contract of employment. I further agree that as a Red Cross volunteer, I may not accept payment for my services, and unless otherwise stated, I am responsible for the cost of uniforms, transportation, and any other expenses (tolls, parking fees, meals, etc.) I may incur while volunteering.

As a volunteer I agree to abide by all rules and regulations of the organization and will take required training where applicable. I further release all parties from liability for any damage that may result from furnishing information to you.

As a condition of considering this application, I will sign necessary documents to release any information maintained by local, state or federal agencies. In addition, I authorize verification of applicable licenses required for my volunteer assignment. The statements made on this application are complete and accurate.

I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer.

I certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it. I affirm that, except as listed below, I have no financial interest or affiliation with any organization which may have interests that conflict with, or appear to conflict with, the best interests of the American Red Cross. Should such conflicts or apparent conflicts arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decisions or voting related to the matter.

I also agree, during the term of my affiliation with the American Red Cross, to report promptly to the Chairman of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the American Red Cross.

Volunteer Signature _____ Date _____

PERMISSION TO BE PHOTOGRAPHED

I give Greater Houston Area Chapter of the American Red Cross the right to interview and/or take photographs, audio-visual recordings of my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets, and brochures. I understand that my child's name may be used in connection with these materials. This release is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of this institution, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the name mentioned above.

Parent/Guardian's Signature _____ Date _____

LIMITED CONSENT

I **do not** wish my child to be photographed, recorded on audio tape, videotape, and/or film **except** for the photograph that is shared with all campers and Staff.

Parent/Guardian's Signature _____ Date _____