

Coastal Bend - Texas Chapter
P.O. Box 3429
Corpus Christi, TX 78463

Volunteer Application
(361) 887-9991

Title (circle one) Dr. Ms. Mr. Mrs. Miss	Last Name	First	Middle	Preferred Name
Home Address		City	State	Zip code
(Optional) Date of Birth		Spouse's Name		
Preferred Phone (home/cell)	Business Phone	Fax Number	E-Mail Address	

Experience: (Include both paid and volunteer work experience, beginning with most recent)

Employer Name	Address & Zip Code
From _____ To _____	Occupation

Organization Name	Address	Phone
From _____ To _____	Supervisor's Name/Title	

Organization Name	Address	Phone
From _____ To _____	Supervisor's Name/Title	

Current License(s)

Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:

Education and Training (begin with most recent)

Institution Name	City/State	Degree/Major	Date Attended

Fluent Language Skills (include sign language) **Circle one**

Competent	Fluent	Able to Read
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Volunteer Opportunities: Check Activities Which Interest You

<input type="checkbox"/> Leadership/Board	<input type="checkbox"/> General Office	<input type="checkbox"/> International Programs	<input type="checkbox"/> Youth Programs	Skills You Possess
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Data Entry	<input type="checkbox"/> HIV/AIDS Education	<input type="checkbox"/> Other:	
<input type="checkbox"/> Human Resource	<input type="checkbox"/> Case work	<input type="checkbox"/> Disaster Action Team	<input type="checkbox"/> Health & Safety Instructor	
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Instructor	<input type="checkbox"/> Hospital Program	<input type="checkbox"/> Public Speaking	
<input type="checkbox"/> Finance	<input type="checkbox"/> First Aid Station	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Computer	
				<input type="checkbox"/> DSHR member

Availability:					
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Morning _____ Afternoon _____ Evening _____					
Are you available for a short-term project?				Yes	No
Emergency Contact Information:					
Name	Relationship	Address	Zip	Phone	
Previous Red Cross Experience:					
Have you ever worked as a Red Cross employee? <i>If Yes, Give Position, Dates, and Location.</i>				Yes	No
Have you ever worked as a Red Cross volunteer?				Yes	No
Previous ARC Chapter		Previous ARC Years			
A "yes" answer to the following italicized questions will not necessarily disqualify an applicant.					
Are you licensed to operate a motor vehicle in this state?				Yes	No
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>				Yes	No
Have you ever been bonded?				Yes	No
<i>Has your bonding ever been revoked? If yes, please explain.</i>				Yes	No
<i>Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.</i>				Yes	No
<i>Has any of your Red Cross certification ever been revoked? If yes, please explain.</i>				Yes	No
Why do you wish to volunteer with the American Red Cross <i>(optional)</i> :					

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

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

Name—Please Print _____ Social Security Number _____

Signature _____ Date _____

Interview Date _____	Interviewed By _____	Orientation Take: _____
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Statistical Information

Completion is Optional

This unit of the American Red Cross, in recognition of its responsibility to its paid and volunteer staff and the community it serves, reaffirms its employment practices, for all persons. We will not discriminate on the basis of race, color, religion, sex, age, or national origin, nor against any qualified handicapped individual, disabled veteran, or veteran of the Vietnam era. The following information is requested solely to determine the diversity of Red Cross volunteers. **Completion is optional;** however, it would be most helpful to us as we monitor the complete record of our program.

<i>Gender:</i> M _____ F _____	<i>Date of Birth:</i> _____
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Veteran: Yes _____ No _____	Ethnic Group: _____ American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Black _____ Hispanic _____ White _____ Other
Disabled: Yes _____ No _____	
Explain: _____	

Employed _____ Unemployed _____
Retired _____ Homemaker _____
Student _____
Full time _____ Part time _____

Are you affiliated with an organized labor organization: Yes _____ No _____
If yes, which one? _____



DSHR System Enrollment Application

All Disaster Volunteers Must Complete

All information provided to the American Red Cross in this application is treated and maintained in a secure manner.

PLEASE PRINT

Last Name	First Name		M.I.	Preferred Name
Date of Birth	Social Security Number	E-Mail Address		
Passport Number	Passport Expiration Date	Driver's License Number and Expiration Date		

Other Licenses/Certifications

Type	License/Certification Number	State	Expiration Date

Languages – List proficient languages other than English and proficiency rating (R= Read, S=Speak Only, F=Fluent)

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RED CROSS TRAINING

Complete information as thoroughly as possible. Introduction to Disaster Services is mandatory for all disaster workers. CPR/AED/First Aid is required for Mass Care and Health Service workers.

LIFE EXPERIENCE INFORMATION

(Note any skills, knowledge, non-Red Cross training, management, supervisor and life experiences that assist in meeting competency criteria as listed in the Competency Criteria. Add additional pages as necessary.)

Course Name	Mon/Day/Year
Introduction to Disaster Services -Online	
Volunteer Orientation - Online	
CPR/AED/First Aid	

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DISASER OPERATION GROUP AND ACTIVITY PREFERENCE:

1. GROUP	ACTIVITY	2. GROUP	ACTIVITY	3. GROUP	ACTIVITY
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APPLICATIONS WITHOUT PROPER SIGNATURES CANNOT BE ACCEPTED

The Disaster Services Human Resources (DSHR) System has my permission to verify this information. I verify that I have not been convicted of a felony, or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If any of the information contained in my application is incomplete or found to be untrue, I understand that I will be removed from the DSHR system.

<input type="checkbox"/> I CHECK THIS BOX AS ENDORSEMENT OF MY AGREEMENT, IN LIEU OF MY SIGNATURE	DATE
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ENDORSEMENT - - UNIT OF AFFILIATION

I endorse this individual as a member of the DSHR System and verify that the individual meets the baseline criteria for membership and meets the competency criteria for the group and activities designated.

Print Name:	Title:
Signature:	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: _____

American Red Cross

Confidential Information and Intellectual Property Agreement For Volunteers

In consideration of my volunteer affiliation or continuing volunteer affiliation with the American National Red Cross ("Red Cross") and/or one of its chartered field units including blood services region or chapter:

1. I will not during and after my Red Cross affiliation, disclose to persons outside of the Red Cross confidential information regarding (i) Red Cross inventions or trade secrets, or (ii) any devices, machines, processes, applications, procedures, products, compositions, formulae, or techniques used by the Red Cross in its research and laboratory work unless authorized by the President of the Red Cross or his/her designee.
2. I will not during and after my Red Cross affiliation disclose to persons outside of the Red Cross information that the Red Cross considers confidential, proprietary, and/or a trade secret including, but not limited to, (i) information relating to Red Cross financial, regulatory, operational, benefits, compensation, equal employment opportunity matters, or (ii) information relating to Red Cross clients, customers, beneficiaries, suppliers, donors, employees, volunteers or donor sponsors unless authorized by the President of the Red Cross or his/her designee. This obligation shall be in addition to any existing obligation under the Code of Conduct and other Board of Governors policies.
3. I will disclose promptly and assign to the Red Cross all ideas, inventions, discoveries, or improvements (whether or not patentable) relating to present or contemplated devices, processes, products, compositions, formulae, and techniques used or capable of use by the Red Cross and all original works of authorship, including but not limited to computer programs, trademarks, service marks, and all other intellectual property that were conceived by me alone or in conjunction with others during and as a result of my Red Cross affiliation and all such ideas, inventions, discoveries, or improvements or original work of authorship, including but not limited to computer programs, trademarks, service marks, and all other intellectual property, made by me within one year of the termination of my Red Cross affiliation and relating directly to work done during my Red Cross affiliation.

I understand that all such ideas, inventions, discoveries, improvements or original works of authorship, including but not limited to computer programs, copyrights, trademarks, service marks and all other intellectual property are the sole property of the Red Cross, unless I can show, through properly documented records, that such idea, invention, discovery, or improvement was conceived and reduced to practice or that my work of authorship, including computer programs, trademarks or service marks, was fixed prior to my execution of this agreement or my Red Cross affiliation or is in no way related to my Red Cross affiliation.

4. I will, upon the request of the Red Cross, promptly execute such applications, assignments, or other instruments that the Red Cross shall deem necessary or desirable to apply for and obtain letters patent on any inventions, discoveries, or improvements, and any copyright, trademark or service mark registration and for any other intellectual property to which this agreement relates. I will, both during and after my Red Cross affiliation, assist the Red Cross at its sole expense in obtaining and enforcing patents, copyrights, trademarks and service marks and other rights to which the Red Cross is entitled.
5. I acknowledge receipt of a copy of this agreement and agree that it supersedes any written or oral communication, representation, understanding, or agreement with the Red Cross or any official or representative thereof related to the issues contained herein.
6. I affirm that I have informed in writing the Red Cross, Office of the General Counsel, national headquarters of any other agreement, written or oral communication, representation or understanding with any other person or organization which might limit the effect or validity of this agreement with the Red Cross.
7. I further affirm that I will not enter into any agreement, written or oral communication, representation or understanding with any other person or organization during or after the course of my Red Cross affiliation that is in contravention of my obligations under this agreement, without the prior written permission of the Red Cross, Office of the General Counsel, national headquarters.

Date _____ Print Name _____

Signature _____