



414 Breard Street
 Monroe, Louisiana 71201
 Telephone: (318) 323-5141

Volunteer Application

Date		Date of Birth		Age Group <input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-54 <input type="checkbox"/> 55+	
Last Name		First		Middle	
Home Address		Apt./Bldg.	City	State	Zip Code
Business Address		Suite	City	State	Zip Code
Home Phone	Business Phone	Cell Number	Fax Number	E-mail Address	
Current Employer		Occupation			

Emergency Contact

Name	Phone	Relationship
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Past Work and Volunteer Experience (beginning with the most recent)

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

Current Professional License(s)

Type	Number	State	Expiration Date
Type	Number	State	Expiration Date

Education (Highest Level Achieved)

Institution Name	City/State	Degree/Major	Date Attended
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Fluent Language Skills (Include Sign Language)

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Skills (Please check up to four from the list)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Driving | <input type="checkbox"/> Journalism | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Building Trades | <input type="checkbox"/> Events Coordination | <input type="checkbox"/> Management | <input type="checkbox"/> Technical Writer |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Filing | <input type="checkbox"/> Photography | <input type="checkbox"/> Volunteer Advisor |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Financial Consultant | <input type="checkbox"/> Project management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Speaking | |

Previous Red Cross Experience

Have you ever worked as a Red Cross employee? (If yes, give position, dates and location)

Have you ever worked as a Red Cross volunteer? (If yes, in what function and where?)

Have you ever held any Red Cross certification? (If yes, please list.)

A "yes" answer to the following italicized questions does not necessarily disqualify an applicant.

Are you licensed to operate a motor vehicle in this state?

Has your license to operate a motor vehicle ever been revoked? If yes, please explain.

Have any of your Red Cross certifications ever been revoked? If yes, please explain.

Why do you wish to volunteer with the American Red Cross?

What areas or activities are you particularly interested in contributing to as a volunteer with the American Red Cross?

To maintain the trust of the American people and provide them with the best quality service, all Red Cross employees and volunteers must be background checked. Beginning in July 2006, Red Cross employees and volunteers must complete a background check prior to employment or registered volunteer service with the Red Cross. To complete the background check, follow the following steps on any computer with internet access:

1. Go to www.mybackgroundcheck.com/order/ArcVts/.
2. Click Request Background Check.
3. Click on Louisiana.
4. Click on "Northeast Louisiana Chapter."
5. Click "Click Here to Get Started."
6. Click "Current Volunteer."
7. Click "Agree" to provide consent for electronic transaction of background check.
8. Click on the appropriate box if you want a copy of the background check sent to your home address.
9. Click "Agree" to authorize the background check.
10. Enter the required information and submit.
11. There should be a message that informs you of the successful completion of the background check.
12. The information will be electronically transmitted to our Chapter, and if you clicked to receive a personal copy, it will be mailed to the address that you provided.

**Health Status Record and Medical Information Release Form
CONFIDENTIAL**

(To be completed by the individual, please print all information)

Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Primary Doctor: _____ Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Date of last Tetanus shot: _____ Height: _____ Weight: _____

Allergies (food, medication, insect, dust, latex, etc.) What happens? What do you do?

Mark yes if you are able or no if unable, please explain any limitations or accommodations requested.*

Lift and carry 20 pounds repeatedly	__yes	__no	_____
Lift and carry 50 pounds repeatedly	__yes	__no	_____
Climb two or more flights of stairs	__yes	__no	_____
Stand for two hour periods	__yes	__no	_____
Sit for long periods	__yes	__no	_____
Walk on uneven terrain	__yes	__no	_____
Walk for two hours	__yes	__no	_____
Drive in daylight and at night	__yes	__no	_____
Bend and stoop	__yes	__no	_____
Sleep on a cot or floor	__yes	__no	_____
Work and live with little or no privacy	__yes	__no	_____
Tolerate extreme heat and humidity	__yes	__no	_____
Require air conditioning	__yes	__no	_____
Tolerate extreme cold	__yes	__no	_____
Tolerate areas with mold and mildew	__yes	__no	_____
Tolerate smoke or poor air quality	__yes	__no	_____
Require access to specialized medical care	__yes	__no	_____
Require electricity for medical devices/meds	__yes	__no	_____
Require assistance with health monitoring	__yes	__no	_____
Require special food items/diet/timing of meals	__yes	__no	_____
Tolerate exposure to mass casualties/death	__yes	__no	_____
Work 12 hour shifts/nights/weekends	__yes	__no	_____

*All accommodations must be requested in writing with supporting medical documentation.

Have you had any of the following conditions in the last 24 months?

- | | |
|---|---|
| <input type="checkbox"/> Heart attack/heart disease | <input type="checkbox"/> Bleeding disorders/anticoagulation therapy |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke/CVA/TIA |
| <input type="checkbox"/> Migraines/headaches | <input type="checkbox"/> Anxiety/PTSD/Bipolar Disorder |
| <input type="checkbox"/> Skin problems/breaks in skin/lesions | <input type="checkbox"/> Seizures/nervous system/neurological |
| <input type="checkbox"/> Stomach/intestine/hernia | <input type="checkbox"/> Sleep apnea/sleep disorders |
| <input type="checkbox"/> Urinary problems | <input type="checkbox"/> Mobility issues |
| <input type="checkbox"/> Asthma/COPD/emphysema | <input type="checkbox"/> Back/joint/bone problems |
| <input type="checkbox"/> Vision problems (not corrected) | <input type="checkbox"/> Immune system problems |
| <input type="checkbox"/> Hearing problems/hearing aids | <input type="checkbox"/> Current infectious disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |

Any ER visits, hospitalizations, surgeries or ongoing therapy during the last 12 months?

List all prescription and routine over-the-counter medications and reason for taking.

MEDICATION	HOW OFTEN	REASON FOR TAKING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medical equipment or assistive devices used (crutches, cane, nebulizer, CPAP, oxygen, braces, wheelchair, service dogs, etc.) _____

I recognize that I may require emergency medical care. I authorize the American Red Cross paid or volunteer staff to secure medical care and transportation as is necessary in their judgment. I understand that while health insurance is not required, I will be financially responsible for any medical and/or transportation bills incurred in route to and/or at a medical facility.

Signature of Volunteer

Date

Signature of Parent/Guardian (if applicable)

Date

Code of Conduct

All volunteers and employees of the American Red Cross, in delivering Red Cross services and in all other Red Cross activities, shall meet the following standards of conduct:

No volunteer or employee shall:

- a. 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. Accept or seek on behalf of any person, any financial advantage or gain of other than nominal value offered as a result of the volunteer's or employee's affiliation with the American Red Cross.
- c. 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. Disclose or use any confidential American Red Cross information that is available solely as a result of the volunteer's or employee'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. 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. Operate or act in any manner that is contrary to the best interests of the American Red Cross.
- g. Operate or act in a manner that creates a conflict with the interests of the American Red Cross and any organization in which the individual has a personal, business, or financial interest. The individual shall disclose such conflict of interest to the American Red Cross chair of the appropriate governing board, the appropriate Chief Executive Officer, or the General Counsel, as applicable, upon becoming aware of it. Where required, the individual shall absent himself or herself during deliberations, and shall refrain from participating in any decisions or voting in connection with the matter.

**AMERICAN RED CROSS CODE OF CONDUCT
CERTIFICATION AND DISCLOSURE**

I, _____ certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it, as well as applicable laws that impact the organization, at all times.

Disclosure of Actual or Potential Conflicts:

I affirm that, except as listed below, I have no personal, business, or financial interest with any organization that conflict, or appear to conflict, with the best interests of the American Red Cross:

Future Actual or Potential Conflicts:

At any time during the term of my employment or volunteer status 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:

- a. Disclose promptly the actual or potential conflict to the chair of my unit, the executive of my unit, my department head, or the General Counsel, as applicable; and
- b. Until Red Cross approves actions to mitigate or otherwise resolve the conflict, refrain from participating in any discussions, deliberations, decisions or voting related to the conflict of interest.

Printed Name

Signed Name

Date

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 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.

VOLUNTEER

Signature

Printed Name

STATISTICAL INFORMATION

The American Red Cross, in recognition of its responsibility to employees, volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices for all persons. The American Red Cross will not discriminate on the basis of race, color, religion, sex or national origin, or against any qualified handicapped individual, disabled veteran, or veteran of the Vietnam era. The following information is requested solely to determine the diversity of the Red Cross volunteers.

While **Completion is optional**, it would be most helpful to us as we monitor the complete record of our program.

Gender: ___ M ___ F

Veteran: ___ Yes ___ No

Disabled: ___ Yes ___ No

Ethnic Group: ___ Black

 ___ Hispanic

 ___ Asian/Pacific Islander

 ___ White

 ___ American Indian/Alaskan Native

 ___ Other

Ethnicity Descriptions

American Indian or Alaska Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a cultural identification through tribal affiliation or community recognition.

Asian: A person having origins in any of the original people of the Far East, Southeast, Asia, or the Indian subcontinent, including for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. The Indian subcontinent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American countries and who are of Spanish origin, descent or culture. The category does not include persons from Portugal, who should be classified according to race.

Native Hawaiian: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.