



Volunteer Application

1545 N West By-Pass, Springfield, MO 65803
Greater Ozarks Chapter: (417) 832-9500 ext. 200 / Toll Free (866) 206-0256
VolunteerServices@Redcross-Ozarks.org

PERSONAL INFORMATION

Last Name		First Name		M.I.
Home Address		City	State	Zip
Preferred Name		Last 4 Digits SSN □□□□	Birthdate: ____/____/____	
Home Phone (____) ____-____		Work Phone (____) ____-____	Cell Phone (____) ____-____	
Email Address ____@____.				
Passport? <input type="checkbox"/> Y/ <input type="checkbox"/> N	Number	Country of Issuance	Expiration Date	
Driver's License? <input type="checkbox"/> Y/ <input type="checkbox"/> N	Number	State of Issuance	<input type="checkbox"/> CDL?	<input type="checkbox"/> P-Passenger?

VOLUNTEER INFORMATION

Professional Licenses (nurse's, EMT, other professional certificates)

Type	License/Certificate Number	Expiration Date	State

Are you proficient in a language other than English <input type="checkbox"/> Y/ <input type="checkbox"/> N Which language(s)?:	Are you available for Language Bank (interpreter services)? <input type="checkbox"/> Y/ <input type="checkbox"/> N
---	---

EMERGENCY CONTACT INFORMATION

Name	Relationship	
Contact Information	Phone (____) ____-____	Alternate Phone (____) ____-____

SIGNATURE

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 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.

SIGNATURE _____ DATE _____

Please Mail Completed Application to 1545 N West ByPass, Springfield, MO 65803.

Mark Envelope "Confidential—File Room." Additional paperwork will be mailed to you within two weeks.

Thank you for your interest in serving our community!

Please PRINT your name: (Last) _____ (First) _____

Best time to contact you about these opportunities: AM/PM _____ (_____)_____ - _____

Help us match you with volunteer opportunities by providing the requested information:

1. Why would you like to volunteer with the American Red Cross?

2. Please describe special skills, talents or experiences that you would be willing to share with the Red Cross:

Please check the opportunities that interest you:

- Health and Safety Volunteers** advance the mission of the Red Cross by teaching people how to respond to emergencies. Our Volunteer Instructors teach thousands of students each year the basics of CPR, First Aid and the basics of Babysitting.
- Disaster Action Team (DAT) Volunteers** are the Volunteers at the Red Cross who answer the call for help at 3 AM to drive 45 miles through the driving sleet to put a Teddy bear in the hands of a tearful 4-year-old girl who has just lost her puppy dog in the fire that is destroying her family's home as she watches. DAT members provide immediate assistance, both emotional and financial, to the victims of disasters (often house fires).
- Response Center Enterprise (RCE) Volunteers** provide emergency information to callers from all over the United States during times of disaster from our offices in Southwest Missouri.
- Disaster Services Volunteers** deploy to National Disasters—often for weeks at a time, often in adverse conditions—to provide a wide array of services ranging from Staff Support, to Damage Assessment, to Sheltering and Feeding, to Individual Client Casework and Assistance.
- Military (AFES) Volunteers** provide services to the Armed Forces 24/7/365 by helping send emergency messages from military families to service members around the globe.
- Fund Raising Volunteers** raise the money that we distribute to help people with their immediate emergency needs following a disaster throughout southwest Missouri.
- Office Volunteers** are always needed at our various offices to welcome visitors, greet clients, maintain volunteer files, sell safety supplies and a hundred other routine and not-so-routine office jobs that make everything we do possible. Locations where you could help on a regular basis:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Springfield | <input type="checkbox"/> Lebanon |
| <input type="checkbox"/> Joplin | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> West Plains | <input type="checkbox"/> Branson |
| <input type="checkbox"/> Seymour | <input type="checkbox"/> Other: _____ |



Greater Ozarks Chapter:

1545 N West By-Pass, Springfield, MO 65803
(417) 832-9500 ext. 200 / Toll Free (866) 206-0256
VolunteerServices@Redcross-Ozarks.org

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 or 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: _____



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 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 be 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:

- (y) in the course of Volunteer Service or using Red Cross time, equipment, information or materials, and
- (z) 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 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 (y) in the course of Volunteer Service or using Red Cross time, equipment, information or materials, and (z) 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 the 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

Date

Printed Name



PERSONAL STATEMENT OF UNDERSTANDING

Name _____

I am an applicant for
 a member of the Disaster Services Human Resources (DSHR) System of the American Red Cross.

I understand there are certain conditions I must accept as a member of the DSHR System.

1. Availability

I am available and able to serve on disaster assignments within the continental United States as well as its territories and possessions for indefinite periods depending on the needs of the disaster relief operation. I understand assignments vary in duration and are determined by the needs of the organization and other considerations. I understand assignments take place within high pressure work situations in adverse conditions such as long and irregular hours, erratic and inappropriate food, eating and sleeping conditions; extreme heat, cold or dampness; crowds, noisy environment, and exposure to dust or other allergens. I understand my assignment may be extended or curtailed in accordance with applicable Red Cross policies, procedures and staffing requirements, determined at the discretion of Red Cross Disaster Services. I understand that I must keep my unit of affiliation apprised of my specific dates of availability for assignment.

2. Work Performance

I am willing to comply with all directives issues by Disaster Services. I will uphold and follow the policies of the organization. I understand that I may be released from an assignment and/or removed from the DSHR System for a violation of policy or a personnel/performance issue.

3. Reimbursement for Official Assignment Expenses

I understand that there are established policies and procedures of the Red Cross for reimbursement of expenses for food and lodging, and certain other related expenses, incurred in connection with official assignments on disaster operations. I understand that failure to comply with said regulations may result in my dismissal from the DSHR System.

4. Status

I verify that I have not been convicted of a felony or of a misdemeanor resulting in imprisonment within the last 24 months.

I understand that I must update this form as soon as any changes in the above occur and submit an updated form on an annual basis.

I fully understand the mandatory requirements indicated above and certify that I am able to comply with them. If these statements are found to be incomplete or untrue, I understand that my enrollment in the DSHR System will be terminated.

Signature: _____

Date: ____/____/____



Disaster Services Human Resource System Member/Applicant Data Record

The American Red Cross and the Disaster Services Human Resources (DSHR) System, in recognition of our responsibility to paid and volunteer staff and the community, reaffirm our policy to assure fair and equal treatment in all employment practices. We will not discriminate on the basis of race, color, religion, sex, age or national origin or against any qualified handicapped individual, disabled veteran, or veteran of the Vietnam era.

Solely to help us comply with the government record keeping and reporting, please provide the information requested below.

PLEASE PRINT

Date:		
Name:	Last,	First, MI
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Check One:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Prefer not to disclose

Check if any of the following are applicable:	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Veteran (other than Vietnam)
---	--	---

Please complete and return this form to your unit of affiliation. This form should be submitted within the first year of membership, no later than your first annual profile update.