



American Red Cross
of Massachusetts Bay

Volunteer Personnel Form

(All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not necessarily indicate that volunteer positions are open nor does it constitute an offer or a contract of placement.)

CONTACT INFORMATION

Last Name	First	Middle
Home Address: Street	City	State
Home Phone	Mobile Phone	Email
Employer Name	Address	Business Phone

EMERGENCY CONTACT

Name	Relationship to You
Address	Telephone

STATISTICAL INFORMATION *(Optional: only used for Red Cross purposes)*

Gender: Female ____ Male ____ Ethnicity: _____ Date of Birth: ____ Veteran: Yes ____ No ____

EXPERIENCE: Please list paid and volunteers experience. Optional: please also attach a resume.

1. Organizational Name	Title Held:	2. Organizational Name	Title Held:
Date (from/to)	Supervisor:	Date (from/to)	Supervisor:
Telephone		Telephone	
Brief job description: _____		Brief job description: _____	

RED CROSS EXPERIENCE

Have you ever worked for the Red Cross: ____ Yes, as a volunteer. ____ Yes, in a paid position.

Title Held/Responsibilities	Location	Dates (from/to)
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EDUCATION/TRAINING/ LICENSES

	Name of Institution	Location	Degree or Certificate
High School			
College			
Other			

Please list any current professional licenses (e.g. RN, EMT, Mental Health), including Red Cross authorizations.

License Type	Number	State	Expiration Date

LANGUAGE SKILLS

Please list languages (other than English) including sign language, indicating proficiency levels as **Basic, Conversational, Working Knowledge, Professional Knowledge, or Native Speaker.**

LANGUAGE: _____	LANGUAGE: _____	LANGUAGE: _____
Proficiency in: _____	Proficiency in: _____	Proficiency in: _____
Speaking: _____	Speaking: _____	Speaking: _____
Writing: _____	Writing: _____	Writing: _____

REFERENCES: Please list two to four references that know your qualifications or experience. Do not list relatives.

1. Name Relationship 3. Name Relationship

Address Telephone

Address Telephone

2. Name Relationship to You

4. Name Relationship

Address Telephone

Address Telephone

OTHER INFORMATION: (The answer to any of these questions will not necessarily disqualify an applicant.)

Are you licensed to operate a motor vehicle in Massachusetts? Yes No

Have you ever been convicted (1) of a felony; (2) of a misdemeanor, which was not a first offense for drunkenness, simple assault, speeding, moving traffic violations, affray or disturbing the peace, where the date of such misdemeanor conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred within the last five (5) years? Yes No Record

How did you hear about Red Cross volunteer opportunities?

Is there anything else you'd like to tell us?

VOLUNTEER OPPORTUNITIES

Please mark your interests and the areas convenient for you. Not all activities are available in all locations.

Disaster Relief		Health & Safety		Youth Programs		Others	
Disaster Action Team Member		Instructor		Youth Mentor		Holiday Toy Program	
Disaster Caseworker		First Aid Stations		College Club		International Social Services	
Community Disaster Instructor		Test Proctor		High School Club		Sales & Marketing	
Disaster Nurse		Hunger Relief		Youth Leadership Council		Public Relations	
Agency Support				General Volunteering		Fundraising/Special Events	
Administrative/Clerical/Data Entry		Food Pantry					

_____ Boston _____ Brockton _____ New Bedford _____ Peabody _____ Quincy _____ Waltham

AVAILABILITY

Please mark the time you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
____ Morning	____ Morning	____ Morning	____ Morning	____ Morning	____ Morning	____ Morning
____ Afternoon	____ Afternoon	____ Afternoon	____ Afternoon	____ Afternoon	____ Afternoon	____ Afternoon
____ Evening	____ Evening	____ Evening	____ Evening	____ Evening	____ Evening	____ Evening

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the American Red Cross of Massachusetts Bay permission to enquire into my education, references, driving record, employment, volunteer history, or police record. I further give permission to the holder of any such records to release the same to the American Red Cross of Massachusetts Bay. I hereby hold the American Red Cross of Massachusetts Bay harmless of 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 American Red Cross of Massachusetts Bay. I understand that the American Red Cross of Massachusetts Bay will use this information as part of its verification of my volunteer application. I further understand that as a Red Cross Volunteer, I am not paid for my services.

An applicant with a sealed record on file with the commission of probation may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Name of Applicant (please print)

Name of Parent/Guardian if under 18 years of age

X
Signature of Applicant & Date

X
Signature of Parent/Guardian & Date



American Red Cross

**XARCMB
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The American Red Cross of Massachusetts Bay is certified by the Criminal History Systems Board for access to conviction and pending criminal case data.

As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____/____/____/____
Applicant/Employee Signature/Date

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS: _____

REQUESTED BY: _____/____/____/____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE / DATE

CHSB USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____



American Red Cross

CODE OF CONDUCT

INTRODUCTION

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American 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 services required by those in need, the American Red Cross operates under the following Code of Conduct, applicable to all volunteers and paid staff.

CODE OF CONDUCT

No employee or volunteer member shall:

1. 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.
2. Accept or seek on behalf of himself or any other person, any financial advantage or gain of other than nominal value, which may be offered as a result of the volunteer's or paid staff's affiliation with the American Red Cross.
3. Publicly utilize 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.
4. Disclose any confidential American Red Cross information that is available solely as a result of the volunteer's or paid staff member'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.
5. 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.
6. Operate or act in any manner that is contrary to the best interests of the American Red Cross.

In the event that the volunteer's or paid staff's obligation to operate in the best interests of the American Red Cross conflicts with the interests of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in any decisions or voting in connection with the matter.

CERTIFICATION

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 of interest 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 supervisor 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.

Date

Name

X

Signature



American Red Cross

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:

- (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 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 (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 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

Volunteer ID Number

Printed Name

Department or Division

Title