



Dear Future Youth Volunteer:

Thank you so much for your interest in becoming an American Red Cross volunteer! Over 96% of the American Red Cross workforce is made up of volunteers. We have a variety of volunteer opportunities and hope that you find something that will fit your interest and schedule.

There are 3 steps to becoming a volunteer, which are outlined below. You must complete each step to become a registered volunteer.

Step 1: Orientation – All volunteers are asked to either complete an online orientation or attend a classroom orientation. This will give you an overview of the Red Cross history, services, and mission. In addition, it may help with deciding which volunteer opportunities you would like to pursue. Please refer to the “Orientation Guide” document for more information.

Step 2: Paperwork – Enclosed are a new volunteer application and 4 policies (Sexual Harassment, Cultural Diversity, Code of Conduct, and Confidential Information & Intellectual Property Agreement). All 4 of these policies must be signed and dated. Please note that a parent/guardian signature is required on the back of the application page and on the Confidential Information & Intellectual Property Agreement. Fill these out and bring it with you to your scheduled orientation or interview.

Step 3: Interview – Once you have completed steps 1 and 2, please contact your local Red Cross office to schedule a convenient time to come in for an interview. The purpose of this interview is to ensure that you are matched with volunteer positions that meet your interests, skills, and schedule. If you choose to attend a classroom orientation, the interview can take place at that time.

Thank you again for your interest in becoming an American Red Cross volunteer. We can not continue to serve our local communities without dedicated and caring individuals like you. Please feel free to contact either of us if you have questions or concerns.

Sincerely,

Rebecca Snow
Chief Program Officer for Volunteers
SnowReb@usa.redcross.org

Liz Sowell
Director of Youth & Volunteer Programs
SowellE@usa.redcross.org

Broome County
620 E. Main St.
Endicott, NY 13760
(607) 785-7207

Cortland County
111 Port Watson St.
Cortland, NY 13045
(607) 753-1182

Otsego County
101 Main St.
Cooperstown, NY 13326
(607) 547-2441

Steuben County
123 W. Market St.
Corning, NY 14830
(607) 936-3766

Schuyler/Chemung Counties
911 Stowell St.
Elmira, NY 14901
(607) 734-3317

Delaware County
21 Liberty St.
Sidney, NY 13838
(607) 561-2643

396 Chestnut St.
Oneonta, NY 13820
(607) 432-5353

24 Maple St.
Hornell, NY 14843
(607) 324-6511

Chenango County
27 W. Main St.
Norwich, NY 13815
(607) 334-4565

Tompkins County
201 W. Clinton St.
Ithaca, NY 14850
(607) 273-1900

Tioga/Bradford Counties
328 Broad St. (PO Box 555)
Waverly, NY 14892
(607) 565-2061

110 Liberty St.
Bath, NY 14810
(607) 776-7008



Orientation Guide

All New American Red Cross Staff and Volunteers are asked to go through an orientation as a way to acclimate you with the history, services and mission of the American Red Cross. This can be done online or in a classroom setting.

Classroom Orientation: Please contact your local American Red Cross office to find out when classroom orientations are offered. The classroom orientation is usually about 1 hour long.

Online Orientation: The orientation can also be done from the comfort of your home. There are 4 Modules and the websites are listed below. These modules can be done over a period of time or in one sitting.

Module 1 — History

<http://www.redcross.org/flash/NEVO/NEVOMod1/player.html>

Viewing Time: 25 minutes including knowledge check

Module describes the history of the International Red Cross and Red Crescent Movement and the American Red Cross, the connection between the two and the Fundamental Principles.

Module 2 — Foundations <http://www.redcross.org/flash/NEVO/NEVOMod2/player.html>

Viewing Time: 10 minutes including knowledge check

Module discusses our mission, organizational structure and strategic direction.

Module 3 — Key Services <http://www.redcross.org/flash/NEVO/NEVOMod3/player.html>

Viewing Time: 20 minutes including knowledge check

Module illustrates the key services of the American Red Cross.

Module 4 — Our Commitments <http://www.redcross.org/flash/NEVO/NEVOMod4/player.html>

Viewing Time: 12 minutes including knowledge check

Module describes how Red Cross employees and volunteers apply our values, practice total diversity and act within ethical standards to uphold the public trust.



South Central New York Region

Serving Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga, and Tompkins, and part of Bradford (Sayre & Athens) Counties

2011 Youth Volunteer Application

For Office Use Only
<input type="checkbox"/> Classroom Orientation Date: / /
<input type="checkbox"/> Online Orientation
<input type="checkbox"/> All 4 Policies Signed and Dated
<input type="checkbox"/> Entered in Database Date: / /
Date of 18 th Birthday: / /
<input type="checkbox"/> Interview Completed Date: / /
Volunteer Interest Matches:
1. _____
<input type="checkbox"/> Application copied & sent to Dept Dept./Staff: _____
2. _____
<input type="checkbox"/> Application copied & sent to Dept Dept./Staff: _____
3. _____
<input type="checkbox"/> Application copied & sent to Dept Dept./Staff: _____

Please Print Date: ___/___/_____

Name

Last: _____ First: _____ M.I.: _____

Preferred Name: _____

Current Address

Street: _____ City: _____

State: _____ Zip: _____ County: _____

Contact Information

Preferred Number: (_____) _____ Home Cell Work Alternative Number: (_____) _____ Home Cell Work

E-mail Address: _____

School Information

Name of Employer: _____ Grade: _____

Is your volunteer activity required or expected by your employer, school, place of worship, or other agency? _____ Yes _____ No

If Yes, please complete the following:

Name of employer/school/place of worship/agency: _____

Contact Person: _____ Phone Number: (_____) _____

Email: _____ Number of hours needed: _____

Personal Transportation

Do you have a valid driver's license? _____ Yes _____ No *If yes, please provide a copy of your license*

Do you have car insurance coverage? _____ Yes _____ No

Do you have personal transportation? _____ Yes _____ No

Have you participated in any Red Cross training? _____ Yes _____ No

If yes, what courses have you taken? _____

In what geographic area are you interested in volunteering?

- Broome County
- Chenango County
- Otsego County
- Tioga County
- Bradford County
- Cortland County
- Schuyler County
- Tompkins County
- Chemung County
- Delaware County
- Steuben County
- Specific Town/Office: _____

Volunteering Interests (check all that apply)

- Blood Drives
- Community Education Presenter
- Shopper Program (Broome County)
- Office Assistance
- Health & Safety Aide
- Homeless Services (Ithaca)
- Red Cross Club
- Internship
- Special Events

Availability (Fill in all available days/times) _____ Flexible Days/Times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you hear about volunteer opportunities at the Red Cross?

- Current volunteer/employee
- Friend
- Poster/Flyer
- Website: _____
- Presentation: _____
- Volunteer Event or Health Fair
- School (teacher, counselor, etc.)
- Media (TV, newspaper, etc.)
- Other: _____
- Red Cross helped me in an emergency

List areas of special interest or skill: (e.g., computers, writing, graphic design, public speaking, etc.)

Extracurricular Activities: (e.g., sports, clubs, etc.)

Languages: (other than English) _____ Speak Read Fluent

Do you have any limitations that would affect your activities with the Red Cross?

Yes No If yes, please describe and identify accommodations that would be needed:

Demographic Information (the following information is requested to determine the diversity of Red Cross volunteers.

Completion is optional but would be very helpful in monitoring our programs and services.)

- Ethnic Group: African American Hispanic/Latino Other
- Asian Native American/Alaskan Native
- Caucasian/White Native Hawaiian or other Pacific Islander

Gender: Male Female

Date of Birth: ___/___/_____

Parent/Guardian Information:

Name: _____ Relationship: _____

Address: _____ Phone Number: () _____

Anything else you would like us to know about you, additional comments, suggestions, or information:

I have given the information voluntarily and certify that all statements and representations are true and correct. I understand that it will be used and disclosed for American Red Cross purposes only. I understand that I will not be paid for my services as a Red Cross volunteer. I agree to abide by the volunteer personnel policies and procedures at the chapter. I give to the American Red Cross, its nominees, agents, and assigns unlimited permission to use, broadcast, publish, and republish for the purposes of advertising and trade, and in the furtherance of its work, the materials herein described *with* or *without* use of my name. This I do without claim to remuneration or charges, either immediate or future. If you object to the use of your name, strike out the words "with or" above.

Applicant Signature: _____ Date: _____

My son/daughter/ward has my permission to participate as a Red Cross youth volunteer, and I make the commitment to support my child/ward in these activities whenever possible. All my questions have been answered to my satisfaction and I give my permission for his/her participation.

Parent/Guardian Signature: _____ Date: _____

The American Red Cross, in recognition of its responsibilities to its volunteers, paid staff, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its personnel practices. We will not discriminate on the basis of race, color, religion, sex, age or national origin, or against any qualified handicapped individuals, disabled veteran, or veteran of the Vietnam era.



**AMERICAN RED CROSS
SOUTH CENTRAL NEW YORK REGION**

POLICY STATEMENT ON CULTURAL DIVERSITY

The American Red Cross, South Central New York Region, in recognition of its responsibilities to its volunteer and paid staff, and the community it serves, reaffirms its commitment to cultural diversity through a diverse volunteer and paid work-force and the utilization of minority contractors, vendors and suppliers. We will assure fair and equitable treatment in our employment practices, volunteer involvement, and acquisitions and management of vendors, suppliers, and contractors. We will not discriminate on the basis of race, color, religion, sex age, disability, sexual orientation, veteran status, or national origin. Our commitment to equal opportunity applies to fair treatment in recruitment, placement, compensation, promotions, training, transfers, layoffs, termination, education, and social and recreational programs.

In addition, we will take appropriate affirmative action to place and advance in volunteer and paid positions, women, minority group members, qualified handicapped individuals, disabled veterans and veterans of the Vietnam War. When there are appropriate opportunities for vendor or supplier contractors, we will take affirmative action to utilize minority and female owned businesses.

The Management Team is responsible for the Affirmative Action Program for the facility and for monitoring and reviewing the effectiveness of this program. We pledge our support of this program and require the support to each leadership volunteer and paid supervisor to assure continuation of our commitment to cultural diversity in the provision of services to our community.

Signed: _____

Name (print or type): _____

Date: _____



To: All Volunteer/Paid Staff
Subject: **Sexual Harassment Policy**

It is the policy of the South Central New York Region of the American Red Cross that all volunteer and paid staff are entitled to a non-hostile environment that is free of intimidation and conduct of a sexual nature. The Board of Directors has endorsed the corporate policies on sexual harassment and the Chapter is bound by the Equal Employment Opportunity laws established by Congress.

The American Red Cross, an organization that is governed and led by volunteers, applies the spirit of the federal EEO laws to the volunteer work force. Therefore, a volunteer who believes that he or she has been sexually harassed should follow the same procedures outlined in the Policy Statement on Sexual Harassment that is approved by the Board of Directors of the South Central New York Region (attached).

The Region is responsible for actions taken by volunteer and paid staff who, by their position (HES instructor, Disaster of AFEW worker or other function), are “agents of the Region”. The policy, which is designed to protect staff, is also designed to guide staff in their conduct when they represent the Red Cross.

It is the responsibility of Regional management team to periodically issue a reminder to all staff concerning the Regional policy on sexual harassment. Please review the attached policy statement, sign the bottom of this letter and return it to the Region in the envelope provided. The signed letter will be placed in your file.

Each of you is encouraged to report incidents of sexual harassment or other forms of discrimination to the Executive Director, a Department Director, a Chief Program Officer or a member of the Board of Directors.

I have reviewed the Policy Statement on Sexual Harassment.

Signature: _____

Name (print or type): _____

Date: _____

POLICY STATEMENT ON SEXUAL HARASSMENT

The American Red Cross, South Central New York Region will not tolerate any form of sexual harassment or conduct involving any of its volunteer and paid staff in a business relationship. Harassment of either physical or verbal conduct of a sexual nature, including unwelcome sexual advances or requests for sexual favors, that affects the individual’s job performance or creates an intimidating, hostile or offensive workplace environment, will not be tolerated. Volunteer and paid staff has a responsibility to bring any sexual harassment concern to the attention of the Management Team; the individual should contact a member of the Human Resources Committee. The Region will investigate the allegations and review the findings with the person(s) involved.

Disciplinary action, up to and including termination, may be taken if any volunteer and/or paid staff is found to be engaging in such sexual harassment and/or conduct.

CONFIDENTIAL INFORMATION AND INTELLECTUAL PROPERTY AGREEMENT

For All Volunteers Under the Age of 18

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 Volunteer

ID Number

Printed Name

Department or Division

Title

I represent that I have read the above and have reviewed it with my child.

YOUTH VOLUNTEER'S PARENT OR GUARDIAN

Signature

Printed Name

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.

- a. **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.
 - g. **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: _____