

Salem County Chapter
American Red Cross
258 Johnson Street
Carneys Point, NJ 08069
(856) 299-1027

Junior Red Cross Volunteer Registration
& Parental Consent Form

Today's Date: ____/____/2010

New Member _____ Returning Member _____

Volunteer's Name

Address Apartment Number

City State Zip Code
() ()

Home Phone Cell Phone

Email Address

Date of Birth Grade School Name

The above-named Junior Red Cross Volunteer is under the custodial care of: (*check one*)
 Both parents Mother/Guardian only Father/Guardian only Other _____

Mother/Guardian's Name

Address (if different from Volunteer's)
() ()

Home Phone Cell Phone

Work Phone Email Address

Father/Guardian's Name

Address (if different from Volunteer's)
() ()

Home Phone Cell Phone

Work Phone Email Address

Emergency Contact's Name

() ()

Day Phone Evening Phone

Please complete the other side of this form.

Junior Red Cross Volunteer Statement of Understanding

I understand that I must abide by the rules and regulations of the American Red Cross and other institutions to which I am assigned. I promise to be dependable and perform my services to the best of my ability. I also understand that I must complete any Red Cross training that is required in order to qualify for the volunteer work assigned. I understand that my assignment may require me to give advance notice of any absences or vacation plans. I will always do my best to behave in a professional manner when on duty as a Red Cross volunteer.

Junior Red Cross Volunteer's Signature

Date

Parental Consent

I hereby give consent for my son/daughter named above to participate in activities sponsored by the American Red Cross. I understand that my son/daughter will be actively involved in community service projects that will benefit their school, community, and surrounding communities. I understand that any concerns regarding school district employees and /or policies should be directed to local school officials. I understand that it is my responsibility to inform the Salem County Chapter of the American Red Cross of any changes regarding, but not limited to, emergency contact information, medical restrictions, consent to participate in certain activities, etc. I release the Salem County Chapter of the American Red Cross, the National American Red Cross, and any of its other chapters, stations, blood regions, international affiliates, etc. of any liability caused by the negligence or actions of my child, any other parent or legal guardian of my child, or myself. I have read the above statement and agree to grant permission for my child to participate in American Red Cross-sponsored activities.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date

Release for Photographs

I hereby give permission _____ do not give permission _____ to the Salem County Chapter of the American Red Cross to use the photograph of my child for promotion of the American Red Cross including reproduction in any American Red Cross publications, posters, other media, or release to newspapers or outside media, both print and electronic.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date

The following information is used only to determine the diversity of Red Cross Volunteers:

The Volunteer's racial background is: (Please check all that apply) American Indian or Alaskan Native Asian
 Black or African American Hawaiian or Pacific Islander Hispanic White Other (_____)