



American Red Cross

YOUTH VOLUNTEER APPLICATION

Personal Information

Name: _____
(Last) (First) (Middle)

Date: _____

Home Address: _____

(City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

E- Mail Address: _____

Sex: M F

Date of Birth: _____

School Presently Attending: _____

Grade: _____

Photo Release Form for Minors

I hereby give permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promoting the American Red Cross sponsored Youth Corps. I hereby release and discharge the American Red Cross and the projects sponsor from any and all claims arising out of the use of photos, or any right that the minor or I may have. I, _____ am of full age, and able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

Signature: _____ Date: _____

Name of Minor: _____

Medical Release Information

Health Insurance Company: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies or Medical Conditions: _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Phone: _____

Other:

(local person to be notified in an emergency when parent is not available)

Relationship:

Phone:

I recognize that my son/daughter 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 judgement. I assume responsibility for any medical and/or transportation bills incurred by my son/daughter en route to and/or at a medical facility. I fully understand that every effort will be made to contact me as soon as possible, giving first priority to my son/daughter's medical care.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Date

QUAD CITIES CHAPTER

PARENTAL CONSENT FORM

We agree to our daughter/son/ward _____ giving her/his time as a volunteer in any of the recognized Red Cross Activities or Red Cross volunteer placements and to be transported to and from outside activities by authorized youth services staff. We realize that we, as parents, are responsible for her/his transportation to and from the chapter, as well as her/his conduct while on duty.

Parental/Guardian Signature _____

Date

