



American Red Cross

Greater Palm Beach Area Chapter

Disaster Services Human Resource (DSHR) Enrollment Application

Thank you for your interest in volunteering with the American Red Cross Greater Palm Beach Area Chapter. Enclosed is the Disaster Services Human Resource Enrollment Application. Upon completion of the application, please contact the Volunteer Resources Department at (561) 650-9128 to set up a date and time for an interview/orientation.

DSHR Application Contents

1. Intake Sheet (Background Check)

- This process must be completed with all information that is indicated. If not complete your application cannot be accepted.
- You may submit the information at any time; however your background check will be processed after meeting with an American Red Cross Greater Palm Beach Area Chapter representative.

2. DSHR System Enrollment Application

- Complete application as thoroughly as possible.
- There will be information that you will not be able to complete. Leave these areas blank.
- Be sure to sign any area that asks for volunteer/DSHR member signature

3. Education and Employment History

- Complete and sign the bottom

4. American Red Cross Code of Conduct

- Please read carefully and sign as agreement of compliance

5. Confidential Information and Intellectual Property Agreement

- Please read carefully and sign as agreement of compliance

6. Personal Statement of Understanding

- This must be completed as an understanding of the commitments of DSHR

7. DSHR system member/Application Data Record

- It is important that you complete this record to maintain our commitment to diversity

8. Health Status Record

- This form is to be completed thoroughly.
- Your Health Status Record will be kept in secure area and reviewed only by our Disaster Health Service Nurse.



American Red Cross

Greater Palm Beach Area Chapter

Background Check

The American Red Cross believes that in order to maintain the trust of the American people and provide them with the best quality service, all Red Cross employees and volunteers must undergo and clear a background check. Background checks are used solely for the purpose of evaluating an individual's suitability for employment or volunteer service with the Red Cross. The standard Red Cross background check includes a national criminal database search, social security verification and a motor vehicle check and **does NOT** include a credit check.

This sheet lets you know what information you'll need to provide in order to process your background check. Please collect the following:

- Full name as it appears on your driver's license
- Current address
- Date of birth
- Social security number or other government ID number
- Telephone number
- Email address (if you have one)
- Driver's license number and state (if you have one)
- Driver's license issue date and expiration date

Instructions

Once you've gathered the information you need, please proceed with the background check online.

1. Go to the secure website: www.mybackgroundcheck.com
2. Click on the box that says: American Red Cross Background Check Initiatives
3. Choose the black box that says: REQUEST A BACKGROUND CHECK
4. A United States map will appear, click on Florida
5. Select: ARC Greater Palm Beach Area Chapter
6. Read the process and then click to proceed
7. Select: I am a candidate to volunteer
8. After reviewing the consent page, click to agree where indicated
9. Fill the information form with the information outlined at the top of this page

You may submit the information at any time; however your background check will be processed after meeting with an American Red Cross Greater Palm Beach Area Chapter representative.



DSHR System Enrollment Application

All information provided to the American Red Cross in this application is treated and maintained in a secure manner.

PLEASE PRINT **New Application** **Revised Application** (Complete only sections requiring change)

| | | | |
|---|---|---|--|
| Legal, Proper Name (last, first, middle initial): | | | |
| Preferred Name: | | Social Security Number: | |
| Address (street mailing) | | | Date of Birth: |
| City: | State: | Zip Code: | Occupation: |
| Email Address: | | | Home Phone: |
| Work Phone incl. area code: | | Cell Phone incl. area code: | |
| Red Cross Personnel Category: | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Chapter Employee | <input type="checkbox"/> National Employee |
| If Red Cross Employee: | <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt (attach a completed form 6494A) | | |
| Passport Expiration Date: | | Country of Issuance: | |
| Driver's License Number: | | State: | Driver's License Classification: |

Other License(s)/Certificate(s) (REQUIRED):

| Type: | License/Certification Number: | State: | Expiration Date: |
|-------|-------------------------------|--------|------------------|
| | | | |
| | | | |
| | | | |

Language(s) - list proficient languages other than English and proficiency rating (R=Read Only, S=Speak Only, F=Fluent)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

RED CROSS UNIT/CHAPTER AFFILIATION - Complete with information about your unit that will be used to recruit you for disaster operations.

| | | | | | |
|--------------------|--|---------------|--|----------------------|------------|
| Unit/Chapter Name: | | Chapter Code: | | Service Area (Unit): | Select One |
|--------------------|--|---------------|--|----------------------|------------|

Group Affiliation

- American Southern Baptist Mission Board
 Church of Brethren
 Labor Union _____ Affiliation
 USPHS
 NCCC
 NPRC
 AmeriCorps
 Learn and Serve
 Senior Corps
 Current Group Affiliation
 Past Group Affiliation
Year _____

DISASTER RELIEF OPERATION HISTORY

Complete with information regarding any disaster assignments on which you have served and which will substantiate your disaster history, particularly for your Group and Activity preferences. Refer to your unit Disaster Services Human Resources System representative to clarify DR numbers, operation names, and positions in which you served. Write LOCAL if no DR# was assigned.

DISASTER OPERATION GROUP AND ACTIVITY PREFERENCE

Discuss with your unit's Disaster Services Human Resources System representative the Disaster Operation activities which you meet the competency criteria. Complete in order of preference. Use as listed in the Competency Criteria.

| DR # | Operation Name | Date (MM/dd/yyyy) | Position | # Days | Evaluation Received | Group | Activity | Position |
|------|----------------|-------------------|------------|--------|---------------------|---------------|----------|------------|
| | | | Select One | | Select One | 1. Select One | | Select One |
| | | | Select One | | Select One | 2. Select One | | Select One |
| | | | Select One | | Select One | 3. Select One | | Select One |

| | | |
|---|-----------------------|--|
| RED CROSS TRAINING | | LIFE EXPERIENCE INFORMATION |
| Complete information as thoroughly as possible. <i>Introduction to Disaster Services</i> , CPR and a First Aid certificate are required for all DSHR System members. Indicate MO/DA/YR in which a course was most recently completed. | | (Note any skills, knowledge, non-Red Cross training, management, supervisor and life experiences that assist in meeting competency criteria as listed in the Competency Criteria. Add additional pages as needed.) |
| COURSE NAME | Month/Day/Year | |
| 1. <i>Introduction to Disaster Services</i> | | |
| 2. First Aid | | |
| 3. CPR | | |
| 4. | | |
| 5. | | |
| 6. | | |

| | | |
|---|-----------------------------|-----------------------------|
| TO BE NOTIFIED IN CASE OF EMERGENCY (REQUIRED) | | |
| Name: | Relationship: | |
| Address (street/mailling): | Home Phone incl. area code: | |
| City: | Work Phone incl. area code: | |
| State: | Zip Code: | Cell Phone incl. area code: |

| | |
|--|-------|
| APPLICATIONS WITHOUT PROPER SIGNATURES CANNOT BE ACCEPTED | |
| <i>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.</i> | |
| <input type="checkbox"/> I check this box as endorsement of my agreement, in lieu of my signature. | Date: |

| | |
|--|--------|
| ENDORSEMENT---UNIT OF AFFILIATION | |
| <i>I endorse this individual as a member of the DSHR System and verify that the individual meets the baseline criteria for membership and meets the competency criteria for the group and activities designated.</i> | |
| Print Name: | Title: |
| Signature: | Date: |

| | | | | |
|---|------------------------|--------------------------|----------------|-------------------|
| Highest Education Level Achieved: | Degree(s) Received | Subject/Major | | |
| Employment Experience | | | | |
| Dates (From/To) | Company Name & Address | Phone Number | Position/Title | Supervisor's Name |
| 1. | | | | |
| 2. | | | | |
| Personal References: (No long distance phone numbers please) | | | | |
| 1. Name | Address | City, State, Zip | Phone | Years known |
| 2. Name | Address | City, State, Zip | Phone | Years known |
| <p>Have you ever been convicted of, or plead guilty or <i>nolo contendere</i> to a crime? (Note: A yes answer does not automatically disqualify you from volunteer service.) Yes No</p> <p>If yes, please explain:</p> | | | | |
| <p>Are you currently awaiting trial, sentencing or other disposition of a criminal charge? (Note: A yes answer will not automatically disqualify you from volunteer service.) Yes No</p> <p>If yes, please explain:</p> | | | | |
| <p>Have you ever been discharged or asked to resign from a job (paid or volunteer)? Yes No</p> <p>If yes, please explain:</p> | | | | |
| <p>VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS</p> <p>I do hereby give the American Red Cross permission to inquire into my educational background, references, driving record, police records, employment, and/or volunteer history. I understand that I may be required to submit to a drug test and/or a criminal background check in the future due to the nature of my volunteer job or chapter policy and I agree to such checks and testing. I further give permission to the holder of any such records to release the same to the American Red Cross. I do hereby hold the American Red Cross harmless for 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 about me. I understand that the American Red Cross will only use this information as part of its verification of my volunteer application and periodically for evaluation purposes.</p> | | | | |
| <p>CONFIDENTIALITY STATEMENT</p> <p>I do hereby agree that client, volunteer or employee health-related information, financial information, or any information of a personal nature that I may have acquired while providing services to the community under the supervision and control of the American Red Cross will remain confidential as per the American Red Cross Code of Conduct.</p> <p>There is no obligation for anyone to participate in the American Red Cross and the American Red Cross has the right to refuse to accept any volunteer or to transfer or terminate any volunteer assignment.</p> | | | | |
| <p>_____</p> <p>Name – Please Print</p> | | | | |
| <p>_____</p> <p>Signature</p> | | <p>_____</p> <p>Date</p> | | |

| | |
|---------------------------------------|----------------|
| <u>FOR OFFICE USE ONLY</u> | |
| ID NUMBER (Assigned by CHERS): | |
| DATE: | REV BY: |



American Red Cross

Greater Palm Beach Area Chapter

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.
 - 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 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: _____



American Red Cross

Greater Palm Beach Area Chapter

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 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 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.

Signature

Printed Name

Date



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 service 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 and 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.

| | |
|--|-------|
| IF SUBMITTING THIS FORM ELECTRONICALLY, CHECKING THE BOX BELOW WILL SERVE AS PROPER SIGNATURE. | |
| <input type="checkbox"/> By checking this box, I acknowledge, understand, and agree to the above statements and terms. | Date: |
| FOR NON-ELECTRONIC SUBMITTALS, PLEASE SIGN BELOW | Date: |
| Signature: | |



**American
Red Cross**

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 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 | |

| | | |
|--|---|--|
| 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.

This page intentionally left blank



Health Status Record

CONFIDENTIAL

To be completed and signed by the individual. Please print all information

New Annual Update Change in Health Status

If this is an Annual Update, is there a change in:

Health Status Address Phone No. E-mail Address Contact Information

Name: _____ DSHR # _____

Last First MI

Address: _____

Street City State ZIP

Phone: _____

Home Cell Work

E-mail Address: _____

Emergency Contact: _____

Name Phone Relationship

Unit of Affiliation: _____

Chapter Name Phone Chapter Code

Group/Activity/Position: _____

First Second Third

Mark Yes if you are able and No if not able and explain any limitations under "Limitation Explanations" below (all accommodations must be requested in writing with supporting medical documentation):

| | |
|---|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no Lift and carry 20 lbs multiple times per shift | <input type="checkbox"/> yes <input type="checkbox"/> no Speak clearly on phone and in person |
| <input type="checkbox"/> yes <input type="checkbox"/> no Lift and carry 50 lbs multiple times per shift | <input type="checkbox"/> yes <input type="checkbox"/> no Read small print for extended periods |
| <input type="checkbox"/> yes <input type="checkbox"/> no Stand for two-hour periods | <input type="checkbox"/> yes <input type="checkbox"/> no Work for long periods on a computer |
| <input type="checkbox"/> yes <input type="checkbox"/> no Sit for two-hour periods | <input type="checkbox"/> yes <input type="checkbox"/> no Climb two or more flights of stairs |
| <input type="checkbox"/> yes <input type="checkbox"/> no Walk on uneven terrain | <input type="checkbox"/> yes <input type="checkbox"/> no Drive in daytime and at night |
| <input type="checkbox"/> yes <input type="checkbox"/> no Walk two miles during a shift | <input type="checkbox"/> yes <input type="checkbox"/> no Work/live in areas with mold/mildew |
| <input type="checkbox"/> yes <input type="checkbox"/> no Bend or stoop multiple times during a shift | <input type="checkbox"/> yes <input type="checkbox"/> no Work/live in areas with smoke/poor air |
| <input type="checkbox"/> yes <input type="checkbox"/> no Crawl on floor or ground | <input type="checkbox"/> yes <input type="checkbox"/> no Work/live with little or no privacy |
| <input type="checkbox"/> yes <input type="checkbox"/> no Work outdoors in inclement weather | <input type="checkbox"/> yes <input type="checkbox"/> no Sleep on the floor or a cot |
| <input type="checkbox"/> yes <input type="checkbox"/> no Work in extreme heat and/or humidity | <input type="checkbox"/> yes <input type="checkbox"/> no Travel by any type of transportation |
| <input type="checkbox"/> yes <input type="checkbox"/> no Work in extreme cold | <input type="checkbox"/> yes <input type="checkbox"/> no Work 12 hr shifts/nights/weekends |
| <input type="checkbox"/> yes <input type="checkbox"/> no Able to step up/down 18 inches | <input type="checkbox"/> yes <input type="checkbox"/> no Work productively during change/stress |
| <input type="checkbox"/> yes <input type="checkbox"/> no Spend hours writing | |

Mark Below Yes if Required or No if Not Required

| | |
|---|--|
| <input type="checkbox"/> yes <input type="checkbox"/> no Electricity for medical devices/meds | <input type="checkbox"/> yes <input type="checkbox"/> no Assistance with health monitoring |
| <input type="checkbox"/> yes <input type="checkbox"/> no Special food or timing of meals | <input type="checkbox"/> yes <input type="checkbox"/> no Air conditioning for health reasons |
| <input type="checkbox"/> yes <input type="checkbox"/> no Access to specialized medical care | |

Limitation(s) Explanations:

Date of last Tetanus shot (Within 10 years is considered up to date): _____

Height: _____ **Weight:** _____ **DOB:** _____

Allergies (food, medication, insect, dust, latex, etc.) What happens? What do you do?

Explanations:

In the last 12 months, have you been diagnosed with/continued treatment for any of the following?

| | |
|---|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no Heart attack/heart disease | <input type="checkbox"/> yes <input type="checkbox"/> no Bleeding disorders/anticoagulation therapy |
| <input type="checkbox"/> yes <input type="checkbox"/> no High blood pressure | <input type="checkbox"/> yes <input type="checkbox"/> no Stroke/CVA/TIA |
| <input type="checkbox"/> yes <input type="checkbox"/> no Migraines/frequent headaches | <input type="checkbox"/> yes <input type="checkbox"/> no Mental Health (Anxiety/PTSD/Bipolar) |
| <input type="checkbox"/> yes <input type="checkbox"/> no Skin problems/breaks in skin/lesions | <input type="checkbox"/> yes <input type="checkbox"/> no Seizures/nervous system/neurological |
| <input type="checkbox"/> yes <input type="checkbox"/> no Stomach/intestine/hernia | <input type="checkbox"/> yes <input type="checkbox"/> no Sleep apnea/sleep disorders |
| <input type="checkbox"/> yes <input type="checkbox"/> no Urinary problems | <input type="checkbox"/> yes <input type="checkbox"/> no Problems walking, moving |
| <input type="checkbox"/> yes <input type="checkbox"/> no Asthma/COPD/emphysema | <input type="checkbox"/> yes <input type="checkbox"/> no Back/joint/bone problems |
| <input type="checkbox"/> yes <input type="checkbox"/> no Vision problems (Not corrected) | <input type="checkbox"/> yes <input type="checkbox"/> no Immune system problems |
| <input type="checkbox"/> yes <input type="checkbox"/> no Hearing problems/hearing aids | <input type="checkbox"/> yes <input type="checkbox"/> no Infectious disease |
| <input type="checkbox"/> yes <input type="checkbox"/> no Diabetes | Other: _____ |

Explain 'yes' items above:

Any ER visits, hospitalizations, surgeries or ongoing therapy during the last 12 months? yes no

If yes, explain and include dates:

Please list all prescription and over-the-counter medications, and reason for taking:

| MEDICATIONS | HOW OFTEN | REASON FOR TAKING |
|-------------|-----------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List all medical equipment or assistive devices used (crutches, canes, nebulizer, CPAP, oxygen, braces (arm/leg), wheelchair, service animals, etc.):

I have reviewed the physical requirements for my group and activity in *Connection 2006-028, Deploying a Healthy Workforce* and the *DSHR System Handbook* (with addendums) with my unit of affiliation. I understand the physical requirements for being a disaster worker and hereby state that I am able to fulfill those requirements. I understand that if my health status changes, I am responsible for updating this form immediately and submitting to my unit of affiliation.

I understand that while health insurance is NOT required, I will be financially responsible for my health care expenses.

In signing below, I give permission for the Red Cross Staff Health Reviewer to contact my health care provider for information concerning my current health status. I will be notified before contact with my health care provider is made. I understand that refusal to sign may limit deployment.

My typed signature/date is verification that information on this form is correct. Please sign form if faxing.

Signature of DSHR Member: _____ **Date:** _____

Signature of Health Reviewer: _____ **Date:** _____

Codes-Hardship/Restriction: _____