

American Red Cross

DRO MEMBER REGISTRATION

PLEASE PRINT

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

PERSONAL DATA

Complete each space. Indicate N/A if not applicable.

al, proper name (Last) (First) (MI)

Address (Street/Mailing) Home Phone ()

(City) (State) (Zip) work Phone ()

Email Cell Phone ()

Driver's License Number and Expiration Date State Driver's License Classification

Employer: Occupation:

TO BE NOTIFIED IN CASE OF EMERGENCY

Name Relationship

Address (Street/Mailing) Home Phone ()

(City) (State) (Zip) Work Phone ()

Cell Phone ()

AVAILABILITY

I am available for assignment from to .

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Mornings Afternoons Evenings Weekends Hours:

LIFE EXPERIENCE INFORMATION

(Check the box denoting any skills, knowledge, training and life experiences proficient in. *Check all that apply*)

Invoice review Accounting Bookkeeping Data entry

Purchasing Ordering Product/Supplies Inventory

Management Supervision Number of people managing/supervising

Networking programming Systems administration Radio systems

Telephone systems Communication equipment Satellite equipment

Transportation Mechanic Driving

Warehouse Fork Lift operator Supply Logistics

Cooking Food preparation Serving food Public speaking

Interviewing skills Assessment skills Writing Photography

Licensed Health Professional* Licensed Mental Health Professional*

Human Resources/Personnel Volunteer Management Hotel Management

Recreation Teaching/Training

Planning Organizing (Meetings, conferences, projects, etc)

Knowledge of community and voluntary agencies Knowledge of government structure

Other:

Language(s) (List other than English, and proficiency rating) R=Read Only S=Speak Only F=Fluent
B= Bi-lingual

*List required license(s)/Certificate(s) Information: Type, License/Certification #, State and expiration date

Red Cross Chapter / Staff Services use Only

Complete based on the occupation and life experience noted:

Placement:

G / A / P

DRO Assignment:

DRO ID #

Work Site Location:

Reviewed/Received:

Background Check

Fundamental Principles

Code of Conduct

Intellectual Prop. Agreement

DRO Member Expectations

DRO Member Pre-Assignment Health Questionnaire

DROMIS Registration:

Self Registration

Data Entry

I understand there are certain conditions I must accept as a DRO Member.

1. Availability

I am available and able to serve on this disaster assignment for this time period specified. I understand assignments vary in duration and are determined by the needs of the Red Cross 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 environments, 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/company/organization apprised of my specific dates of availability for assignment.

2. Work Performance

I am willing to comply with all directives issued by Red Cross Disaster Services. I will uphold and follow the policies of the Red Cross. I understand that I may be released from an assignment and/or removed from the relief operation 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 relief operations. I understand that my company/organization may be assisting with some of the expenses. I understand that failure to comply with Red Cross and my company/organization regulations may result in my dismissal from the disaster relief operation.

4. Information

I have received and reviewed the Red Cross Expectations for DRO Members Assigned to a Disaster Relief Operation, the Fundamental Principles of the Red Cross, the Red Cross Code of Conduct, the Confidential Information and Intellectual Property Agreement, the Red Cross background check information and the DRO Member Pre-Assignment Health Questionnaire. I have completed the Red Cross background check and submitted the DRO Member Pre-Assignment Health Questionnaire, the Red Cross Code of Conduct, the Confidential Information and Intellectual Property Agreement and the DRO Member Registration.

I understand that I must notify my company/organization and/or Red Cross Staff Services if any information changes between now and my arrival at the disaster relief operation.

I verify that I have not received any court ordered penalty (e.g. conviction, probation, deferred adjudication, etc.) for a crime within the last seven (7) years. 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 disaster relief operation.

I fully understand the 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 Red Cross assignment may be terminated.

IF SUBMITTING THIS FORM ELECTRONICALLY, CHECKING THE BOX BELOW WILL SERVE AS PROPER SIGNATURE.

By checking this box, I acknowledge, understand, and agree to the above statements and terms.

Date:

FOR NON-ELECTRONIC SUBMITTALS, PLEASE SIGN BELOW.

Signature _____