



APPLICATION

Checklist

- Complete All Application Questions
- Complete Red Cross Parental Guardian Consent Form
- Complete Confidential Information and Intellectual Property Agreement
- Submit all Application materials to Kristen Clineburg via email, kristen.clineburg@redcross.org or mail application to
American Red Cross
Attention: Kristen Clineburg
50 Prince Street Rochester, NY 14607

Application Deadline: Tuesday, December 1, 2020

STUDENT CONTACT INFORMATION

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

Preferred Name: _____

Home Address: _____
Number Street City Zip Code County

Home Telephone: () _____ Cell Phone: () _____ Allow text alerts: Yes No

Your Email Address: _____ Preferred Method of Contact: _____

Date of Birth (Month/Date/Year): _____

Gender: Male Female Gender Non-Conforming Non-binary Prefer Not to Answer

Preferred Pronouns: He/Him/His She/Her/Hers They/Them/Theirs Other: _____

Ethnicity (check all that apply):

African American American Indian Asian White Hispanic Native Hawaiian or Pacific Islander

Other: _____ Prefer Not to Answer

List the Languages in which you are fluent: Primary: _____ Secondary: _____

Additional: _____

**Note: All workshops and discussions are conducted in English – we will try our best to accommodate if needed*

Is anyone in your immediate family connected to the Military Yes No Prefer Not to Say

Do you have any food or other allergies: Yes No (Please list any allergies or medications you are currently taking):

Do you have access to a computer and Wifi: Yes No



STUDENT SCHOOL INFORMATION FOR 2020-2021 ACADEMIC YEAR

School Name and Corresponding Number (if RCSD): _____

Grade level: _____

Do you attend school within the Rochester City School District? Yes No

List any clubs, sports, or other extra curricular activities (in and out of school) which you are involved, and the time of year these usually take place (Example – Debate Team, Jan-Mar):

This program is held weekly afterschool on Wednesdays and occasional Saturdays. Will any of these activities prevent you from attending this program? Yes No

The Red Cross provides RTS bus passes to all program participants. Will you be needing bus passes? Yes No

STUDENT SERVICE WORK

**Note: Students will have the opportunity to become registered Red Cross Volunteers and support service projects. In order to do so, they will be required to have a parent fill out a Volunteer Release Form which is found in this application packet.*

Do you need to complete community service/service learning hours within the school year? Yes No

If yes, indicate how many hours: _____ Hours must be completed by: _____

STUDENT LEADERSHIP QUESTIONS

PLEASE COMPLETE ALL QUESTIONS FULLY TO BE CONSIDERED FOR THE PROGRAM

Have you participated in a Red Cross Youth Leadership Program or Leadership Camp in the past? Yes No

What year(s)? _____

Have you participated in Youth Leadership Programs outside of Red Cross? Yes No

Name of Program/Organization: _____

How did you hear about the Youth Leadership Program? If other, please indicate how you learned about us.

- School Announcements
- School Counselor
- Back to School Event
- Community Fair
- Past Participant
- Family Member
- Other: _____



What interested you in applying for this program? _____

Explain why you think you would be a good fit for the Youth Leadership Program. _____

What has been your previous leadership experience? Have you held a leadership position before? _____

How would you define leadership? _____

What leadership skills do you feel you demonstrate well? _____

What leadership skills do you feel you need to grow? _____

What motivates you to want to become a leader? _____



Where do you see yourself in the future as a leader? _____

If you had a Superpower what would it be, and how would you use it? _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian 1 Name: _____ Relationship: _____
Phone Number: H: () _____ W: () _____ Cell : () _____
Allow text alerts: Yes No Email Address: _____ Employer: _____
Preferred Method of Contact: _____

Second Emergency Contact Name (must be 18, or older) : _____ Relationship: _____
Phone Number: H: () _____ W: () _____ Cell : () _____
Allow text alerts: Yes No Email Address: _____ Employer: _____
Preferred Method of Contact: _____

STUDENT AGREEMENT

I, _____ promise to attend and participate in ALL program sessions and activities ON and
Student
OFF the premises and will arrive on time. I will notify the Engagement Specialist **in advance** if I will be late or absent. I understand if I do not give notice of my absence for sessions or activities, I may be asked to leave the program.

Student Signature _____ Date _____

THANK YOU FOR COMPLETING THIS APPLICATION

For any questions or concerns please contact Kristen Clineburg, Youth Leadership Program and Engagement Specialist
Phone: 585-397-6266 or
Email: kristen.clineburg@redcross.org





PARENTAL/GUARDIAN CONSENT

_____, a minor child, wishes to participate as an American Red Cross Volunteer ("Activity"). The American Red Cross involves activities on and off the premises of the local Red Cross chapter. As the minor's parent/guardian, I hereby consent to his/her participation in the Activity.

I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the American Red Cross permission to seek medical attention for the child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Media Release: I understand that the child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, and its agents and affiliates, to use the minor's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. _____

EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:

Parent/Guardian 2 (or Emergency Contact):

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home phone: _____

Home phone: _____

Mobile phone: _____

Mobile phone: _____

Office phone: _____

Office phone: _____

Child's Physician:

Name: _____ Office phone: _____

School Name: _____



**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.

YOUTH VOLUNTEER (UNDER 18 YRS of AGE)

Signature

Volunteer ID Number
Volunteer Services/Youth & Young Adult
Department or Division

Printed Name
Youth Leadership Program Participant
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