



JAMAICA RED CROSS
MEMBERSHIP APPLICATION FORM

Please read the information sheet carefully before completing this form. Please Print Legibly.

A. APPLICANT'S PERSONAL DATA

MEMBERSHIP TYPE: Active Subscribing Life Youth

If a corporation: give name and provide information of contact person in 1-5

Name of Corporation: _____

BRANCH: _____ NHQ

REGULAR MEMBERSHIP: \$ 1000 _____ CORPORATE MEMBERSHIP: \$25,000 _____

LIFETIME: \$ 100,000 _____

1. Surname _____ First Name _____

D.O.B _____ 2. Title: Mr. Mrs. Ms. Dr. Other

3. Home Address _____

4. Contact Numbers _____ 5. E-mail Address _____

B. EMERGENCY CONTACT PERSONS

In case of emergency notify:

1. Contact Person: Name _____

Relationship _____

2. Address _____ 3. Contact# _____

C. WORK EXPERIENCE

1. Profession or Occupation _____

2. Primary place of Employment _____

3. Work Address/TELEPHONE _____

D. LICENCES

1. Drivers (Type) _____ Expiration Date _____

E. EDUCATION

1. Highest Educational Achievement (check one) Elementary School High School B.A. M.A.

Doctorate Other

F. VOLUNTEER EXPERIENCE

List any current or past volunteer service involvement

1. Organization(s) served _____

G. PERSONAL REFERENCES

Indicate two persons, other than members of your family, who can serve as your references. These persons will be contacted.

1. Name _____ 2. Address _____

3. Contact #s _____

4. Name _____ 5. Address _____

6. Contact #s _____

H. SKILLS/INTERESTS

List any specialist skills you have:

1. _____

2. Can you communicate in any other language?

Yes No

3. If yes indicate and level of fluency?

4. Can you read, write and speak this language fluently? Read fluently only?

Speak fluently only?

5. As a member I would like to serve on the following committees, councils/ sections:

Youth Section

Care Section

Emergency Services Section

Provide leadership on a committee

Public Relations Committee

Volunteers and membership Section

Fundraising Committee

Other

STATEMENT OF UNDERSTANDING AND CODE OF CONDUCT CERTIFICATION

I further agree that as a Red Cross member, I may not accept payment for my services unless otherwise stated. I am responsible for any incidental costs such as meals and local transportation I may incur while serving unless otherwise stated.

As a member I agree to abide by all rules and regulations of the organization and will take required training where applicable.

I authorize verification of applicable licenses required for my member assignment. The statements made on this application are complete and accurate.

I certify that I have read and understand the Code of Conduct of the Jamaica Red Cross and agree to comply with it. I affirm that, except as listed below, I have no financial interest or affiliation with any organization, which may have, interests that conflict with or appear to conflict with the best interests of the Red Cross. Should these conflicts or apparent conflicts arise, I agree to refrain from participating in any deliberations, decisions or voting related to the matter.

I also agree, during the term of my affiliation with the Red Cross, to report promptly to the Chairman of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interest of the Red Cross.

Member Signature _____ Title _____ Date _____

Recommended by: _____