

# American Red Cross Orange County Chapter

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To: Potential Disaster & Client Services Volunteers

From: Bill Stout, Director, Disaster & Client Services

Subject: Disaster Services Human Resources (DSHR) System Enrollment

Recent changes in national policy require that “All active Chapter Disaster responders be enrolled as members of the Disaster Services Human Resources system”; so, for our Chapter to meet current performance standards, we are now required to enroll all new disaster volunteers into the national DSHR system (as well as enroll those current volunteers who are not yet part of the system).

At the Volunteer Orientation, new volunteers are expected to complete the top half of the front side of the application that includes basic personal information as well as the ‘To Be Notified in Case of Emergency’ information found tin them idle on the back side of the application. Additionally, each volunteer needs to check the box that signifies an endorsement and verification of the information provided.

New volunteers will complete the remaining portions of the application including the ‘Disaster Operation Group and Activity Preference’ information, a list of ‘Red Cross Training’ and ‘Life Experience Information’ after some initial training has been completed so that in discussion with Red Cross staff, a new volunteer can select an activity group to train for and participate in.

Enrollment into the system may be accomplished at two basic levels. Volunteers may elect to respond exclusively in Orange County and thus would be enrolled in the system as a ‘Chapter Only’ volunteer. Other volunteers may choose to respond both locally and nationally and so, be enrolled as a ‘Nationally Available’ volunteer. This classification will be determined when other portions of the application recompleted as noted above. This local or nationally available classification can be changed at any time.

We ask this application be accomplished now, because ‘most simply, volunteers who do not wish to complete this application to enroll into the national system will not be eligible to become Disaster and Client Services Volunteers.



# 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:			
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)	ATLAS ID#:
Passport Expiration Date:		Country of Issuance:	
Driver's License Number:		Exp.	State: License Classification:

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

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)**

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**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 \_\_\_\_\_

**RED CROSS TRAINING**

Complete information as thoroughly as possible. *Introduction to Disaster Services*, 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.

**LIFE EXPERIENCE INFORMATION**

(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. Fulfilling Our Mission	
2. First Aid	
3. CPR	
4.	
5.	
6.	

**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 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 representative the Disaster Operation activities which you meet the competency criteria. Complete in order of preference. Use as listed in the Competency Criteria.

DR # Received	Operation Name	Date (MM/dd/yyyy)	Position	# Days	Evaluation	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 UNIT/CHAPTER AFFILIATION**

Complete with information about your unit that will be used to recruit you for disaster operations.

Unit/Chapter Name: ORANGE COUNTY			Phone incl. area code: (714) 481-5300
Address Street: 601 N. GOLDEN CIRCLE DRIVE			Chapter Code: 05264
City: SANTA ANA	State: CA	Zip: 92705	Territory: 1

**TO BE NOTIFIED IN CASE OF EMERGENCY**

Name:		Relationship:	
Address (street/ mailing):		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**

*The Disaster Services Human Resources (DSHR) System has my permission to verify this information. 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 DSHR System.*

<input type="checkbox"/> I check this box as endorsement of my agreeance, in lieu of my signature.	Date:
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**ENDORSEMENT---UNIT OF AFFILIATION**

*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.*

Print Name:	Title:
Signature:	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 serve on disaster assignments within the continental United States as well as its territories and possessions for indefinite periods depending on 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 issued 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 an 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

**By checking this box, I acknowledge, understand and agree to the above statements and terms.** Date: \_\_\_\_\_

FOR NON-ELECTRONIC SUBMITTALS, PLEASE SIGN BELOW  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_