

Monmouth County Division
1540 West Park Avenue
P.O. Box 131
Tinton Falls, NJ 07724
732-493-9100

Ocean County Division
175 Sunset Avenue
Toms River, NJ 08753
732-349-2131

Jersey Coast Chapter
Youth Volunteer & Parental Permission Form

Date ___/___/___

(Please print clearly)

Name: _____ Male: _____ Female: _____

Date of Birth: _____ Age: _____

Home
Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Parents Email: _____

Parent/Guardian/Emergency Contact
Name: _____

Home Phone: _____ Work Phone: _____

Current School Name: _____ Grade: _____

I understand that I must abide by the rules and regulations of the American Red Cross and other institutions to which I am assigned. I promise to be dependable and perform my services to the best of my ability. I also understand that I must complete any Red Cross training that is required in order to qualify for the volunteer work assigned. I understand that my assignment may require me to give advance notice of any absences or vacation plans. I will always do my best to behave in a professional manner when on duty as a Red Cross volunteer.

Date ___/___/___ Signed: _____

Parents Permission (Mandatory)

I hereby give consent for my son/daughter named above to participate in activities sponsored by the American Red Cross. I understand that my son/daughter will be actively involved in community service projects that will benefit their school, community, and surrounding communities. I understand that any concerns regarding school district employees and /or policies should be directed to local school officials. I understand that it is my responsibility to inform the Jersey Coast Chapter of the American Red Cross for any changes regarding, but not limited to, emergency contact information, medical restrictions, consent to participate in certain activities, etc.. I release the Jersey Coast Chapter of the American Red Cross, the National American Red Cross, and any of its other chapters, stations, blood regions, international affiliates, etc. of any liability caused by the negligence or actions of my child, any other parent or legal guardian of my child, or myself. I have read the above statement and agree to grant permission for my child to participate in American Red Cross-sponsored activities.

Date ___/___/___ Parent or Legal Guardian: _____

Release for Photographs

I hereby give permission _____ do not give permission _____ to the Jersey Coast Chapter of the American Red Cross to use the photograph of my child for promotion of the American Red Cross including reproduction in any American Red Cross publications, posters, other media, or release to newspapers or outside media, both print and electronic.

Date ___/___/___ Parent or Legal Guardian: _____

Please take a moment and answer the following questions:

How did you hear about Red Cross Youth activities? _____

Are you involved in any extra-curricular clubs, sports, or activities? _____

If yes, please describe: _____

What experience and/or skills will you be able to offer, and what do you hope to gain from this experience? _____

Do you have any Red Cross experience? _____

If yes, please describe: _____

The following information is used only to determine the diversity of the Red Cross Volunteers:

Please check one: Black ___ White ___ Hispanic ___ American Indian ___

Asian or Pacific Islander ___ Other ___

Sex: Male ___ Female ___
