

For additional information and/or to mail completed application contact:

Lee County Red Cross
 206 26th Street
 Opelika, AL 36801
 334-749-9981 – phone
 334-749-8299- fax
www.leeredcross.org
info@leeredcross.org

7th Annual Heroes Take Flight Fly-In

May 15, 2010

VOLUNTEER APPLICATION

(A separate code of conduct form must be completed in addition to the volunteer application)

LAST NAME	FIRST NAME	ORGANIZATION NAME (IF APPLICABLE)		
ADDRESS	CITY	STATE	ZIP	
EMAIL	PHONE	CELL	AGE	

(You will be contacted via e-mail/phone before the event regarding volunteer duties.)

*Volunteers will be assigned to different shifts throughout the day. Please check the time(s) below that you would prefer to work. Feel free to sign up for more than one day or shift! We particularly need help during the early and late shifts. Be sure to let us know when you turn in the application if you have any special needs.

Thursday, May 13, 2010	<input type="checkbox"/> 10:00 am-12:00 pm	<input type="checkbox"/> 12:00 pm-02:00 pm	<input type="checkbox"/> 02:00 pm-04:00 pm	<input type="checkbox"/> 04:00 pm-6:00 pm	<input type="checkbox"/> All Day Thursday
Friday, May 14, 2010	<input type="checkbox"/> 10:00 am-12:00 am	<input type="checkbox"/> 12:00 am-02:00 pm	<input type="checkbox"/> 02:00 pm-04:00 pm	<input type="checkbox"/> 04:00 pm-06:00 pm	<input type="checkbox"/> All Day Friday
Saturday, May 15, 2010	<input type="checkbox"/> 06:00 am-10:00 am	<input type="checkbox"/> 09:00 am-01:00 pm	<input type="checkbox"/> 12:00 pm-04:00 pm	<input type="checkbox"/> 03:00 pm-08:00 pm	<input type="checkbox"/> All Day Saturday

Please select ONE. **Orientation is Mandatory**

Orientation Date and Time		
Monday, May 10, 2010	Tuesday, May 11, 2010	Wednesday, May 12, 2010
<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 11:00 am	<input type="checkbox"/> 12:00 pm
<input type="checkbox"/> 05:30 pm	<input type="checkbox"/> 06:30 pm	<input type="checkbox"/> 07:00 pm

Please indicate below if you need a letter of confirmation for your volunteer service.

___ YES ___ NO

If you are volunteering at the Fly-In, your application is due to the Lee County Red Cross office no later than Tuesday, May 11, 2010. For additional information about volunteering at the Fly-In or the Lee County Red Cross, please call 334-749-9981.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we, the undersigned, for and in consideration of permission to participate as a volunteer for the Fly-In on May 13, 14 or 15, 2010, agree to indemnify, hold harmless, and defend the Lee County Red Cross and the Auburn-Opelika Robert G. Pitts airport, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expense, including attorneys fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities preparing for the Fly-In, participating in the Fly-In or traveling to or from the Fly-In. In the event of any emergency, I/we authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT. MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF VOLUNTEER IS UNDER 19 YEARS OF AGE. MINIMUM AGE REQUIREMENT: 14 YEARS OF AGE.

Signature of Volunteer or Legal Guardian

Date

Conduct Policies

Code of Conduct

All volunteers and employees of the American Red Cross, in delivering Red Cross services and in all other Red Cross activities, shall meet the following standards of conduct:

No volunteer or employee shall:

- a. Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the American Red Cross, except in conformance with American Red Cross policy.
- b. Accept or seek on behalf of any person, any financial advantage or gain of other than nominal value offered as a result of the volunteer's or employee's affiliation with the American Red Cross.
- c. Publicly use any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official position of the American Red Cross.
- d. Disclose or use any confidential American Red Cross information that is available solely as a result of the volunteer's or employee's affiliation with the American Red Cross to any person not authorized to receive such information or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.
- e. Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- f. Operate or act in any manner that is contrary to the best interests of the American Red Cross.
- g. Operate or act in a manner that creates a conflict with the interests of the American Red Cross and any organization in which the individual has a personal, business, or financial interest. The individual shall disclose such conflict of interest to the American Red Cross chair of the appropriate governing board, the appropriate Chief Executive Officer, or the General Counsel, as applicable, upon becoming aware of it. Where required, the individual shall absent himself or herself during deliberations, and shall refrain from participating in any decisions or voting in connection with the matter.

**AMERICAN RED CROSS CODE OF CONDUCT
CERTIFICATION AND DISCLOSURE**

I, _____ certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it, as well as applicable laws that impact the organization, at all times.

Disclosure of Actual or Potential Conflicts:

I affirm that, except as listed below, I have no personal, business, or financial interest with any organization that conflict, or appear to conflict, with the best interests of the American Red Cross:

Future Actual or Potential Conflicts:

At any time during the term of my employment or volunteer status with the American Red Cross, should an actual or potential conflict of interest arise between my personal, business, or financial interests and the interests of the Red Cross, I agree to:

- a. Disclose promptly the actual or potential conflict to the chair of my unit, the executive of my unit, my department head, or the General Counsel, as applicable; and
- b. Until Red Cross approves actions to mitigate or otherwise resolve the conflict, refrain from participating in any discussions, deliberations, decisions or voting related to the conflict of interest.

Printed Name

Signed Name

Date