



# 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 \_\_\_\_\_

<b>RED CROSS TRAINING</b>	<b>LIFE EXPERIENCE INFORMATION</b>
Complete information as thoroughly as possible. Indicate MO/DA/YR in which a course was most recently completed.	(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.)
<b>COURSE NAME</b>	<b>Month/Day/Year</b>
1. <i>Introduction to Disaster Services</i>	
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:			Phone incl. area code:		
Address Street:			Chapter Code:		
City:	State:	Zip:	Service Area:		

**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: