



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:		Social Security Number:	
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)		
Passport Expiration Date:		Country of Issuance:	
Driver's License Number:		State:	Driver's License Classification:

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

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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RED CROSS UNIT/CHAPTER AFFILIATION - Complete with information about your unit that will be used to recruit you for disaster operations.

Unit/Chapter Name:		Chapter Code:		Service Area (Unit):	Select One
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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 _____

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

DR #	Operation Name	Date (MM/dd/yyyy)	Position	# Days	Evaluation Received	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 TRAINING		LIFE EXPERIENCE INFORMATION
Complete information as thoroughly as possible. <i>Introduction to Disaster Services</i> , 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.		(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. <i>Introduction to Disaster Services</i>		
2. First Aid		
3. CPR		
4.		
5.		
6.		

TO BE NOTIFIED IN CASE OF EMERGENCY (REQUIRED)		
Name:	Relationship:	
Address (street/mailling):	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	
<i>The Disaster Services Human Resources (DSHR) System has my permission to verify this information. I verify that I have not been convicted of a felony, or been convicted of a misdemeanor that resulted in imprisonment. 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.</i>	
<input type="checkbox"/> I check this box as endorsement of my agreement, in lieu of my signature.	Date:

ENDORSEMENT---UNIT OF AFFILIATION	
<i>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.</i>	
Print Name:	Title:
Signature:	Date: