



**Crois Dhearg na hÉireann**  
**Irish Red Cross**

## Youth Members Application Forms (Ages 4 to 15)

As Garda Vetting is not requirement for members under the age of 16, new youth members aged between 4 and 15 years of age only have 1 application form that must be completed:

**Crois Dhearg na hÉireann**  
**Irish Red Cross**

16 Merrion Square, Dublin 2, D02 XN60  
T: +353 1 467 4400 F: +353 1 467 4461  
E: [membership@redcross.ie](mailto:membership@redcross.ie)  
W: [www.redcross.ie](http://www.redcross.ie)

**YOUTH MEMBERSHIP APPLICATION FORM**  
**(4 – 17 YEARS)**

Please complete this form in order to apply for your membership of the Irish Red Cross. Once completed please return with the appropriate fee and recent photograph. Photos can be attached to this form or emailed to [membership@redcross.ie](mailto:membership@redcross.ie). Full membership of the Irish Red Cross will be issued when induction and screening has been completed. We will be in touch with more information regarding the induction process on receipt of this application. While awaiting full membership there are activities and training which you will be able to get involved in - your local branch will be able to provide you with more details. Please contact [membership@redcross.ie](mailto:membership@redcross.ie) if you require any further information.

Please attach photo of applicant  
[membership@redcross.ie](mailto:membership@redcross.ie)

Please complete using **BLOCK CAPITALS**

Date: / /

Area: \_\_\_\_\_

Branch: \_\_\_\_\_

If you do not know your local branch please contact us and we can assist you.

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: Mr. Ms. (use an application) Other \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**PERSONAL INFORMATION**

WHAT KIND OF ACTIVITIES ARE YOU INTERESTED IN?:

Event First Aid	<input type="checkbox"/>
Emergency Response	<input type="checkbox"/>
Rescue Teams	<input type="checkbox"/>
Cardiac First Responder	<input type="checkbox"/>
Groups Helping you to Care	<input type="checkbox"/>
Skin Camouflage Service	<input type="checkbox"/>
Therapeutic Hand Care	<input type="checkbox"/>
Service Visitation Programme	<input type="checkbox"/>
Youth on the run	<input type="checkbox"/>
Teddy Bears programme (4 - 9 Years)	<input type="checkbox"/>
Positive Mental Health	<input type="checkbox"/>

### Form 1 – Youth Membership Application Form:

Find details and contact information for your nearest branch:

[www.redcross.ie/volunteerinyourcommunity/](http://www.redcross.ie/volunteerinyourcommunity/)

The application fee for youth members is €10. This can be paid by providing card details, or alternatively by sending a cheque or postal order with your application.

In order to print your membership card, we will need a photograph which can be attached, or sent to us by-email at [membership@redcross.ie](mailto:membership@redcross.ie)





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**W** [www.redcross.ie](http://www.redcross.ie)

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Please contact [membership@redcross.ie](mailto:membership@redcross.ie) if you require any further information.

Please affix photo  
or email to:  
[membership@redcross.ie](mailto:membership@redcross.ie)

Please complete using **BLOCK CAPITALS**

Date   /   /

Area

Branch

If you do not know your local branch please contact us and we can assist you.

Surname

First Name

Title: Mr. ☐ Ms. ☐ Other

Address

Eircode

### PERSONAL INFORMATION

Date of Birth   /   /

Male ☐ Female ☐

### PARENT/GUARDIAN'S CONTACT DETAILS

Home Tel

Mobile Tel

Email

WHAT KIND OF ACTIVITIES ARE YOU INTERESTED IN?:

Event First Aid ☐

Emergency Response ☐

Rescue Teams ☐

Cardiac First Responder Groups ☐

Helping you to Care ☐

Skin Camouflage Service ☐

Therapeutic Hand Care Service ☐

Visitation Programme ☐

Youth on the run ☐

Teddy Bears programme (4 - 9 Years) ☐

Positive Mental Health ☐

Leadership Programmes ☐

Branch Administration ☐

Fundraising ☐

Youth Services ☐

Other (please specify)

- ✓ I confirm that nothing within my personal or professional background deems me unsuitable for a position which involves working with young people or vulnerable adults;
- ✓ I understand that I will be required to adhere to the Principles of the Red Cross and Red Crescent Movement;
- ✓ I understand that I will be bound by the Constitution and Operating Rules of the Irish Red Cross;
- ✓ I declare that the above information is true and I agree to accept the terms and conditions of membership of the Irish Red Cross.

Signed

Parent/Guardian's signature

Date   /   /

Please also complete the detail overleaf. This information is for the Irish Red Cross **ONLY**



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**Irish Red Cross**

I enclose a Cheque/Postal Order made payable to the Irish Red Cross for:

Where possible please avoid posting cash.

#### YOUTH ANNUAL MEMBERSHIP FEE

Amount: €10.00

Please note there will be a €10 annual renewal fee due each January.

Or please debit my Mastercard/Visa with the amount specified:

Card Holder's Name:

Card Number:

Expiry Date  /

CVV Number

Last three digits on back of card

#### IRISH RED CROSS PRIVACY POLICY

We hold information about our members and this information is shared within the Irish Red Cross network. It is not our policy to pass names, addresses or contact details of our members to third parties for their use.

As a member of the Irish Red Cross we may write to you occasionally to keep you updated on current projects and appeals.

If you do not wish us to send this information to you, please tick this box

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The work of the Irish Red Cross is guided by the seven Fundamental Principles of the International Red Cross and Red Crescent Movement:

**HUMANITY** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours in its international and national capacity to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation, and lasting peace amongst all people.

**IMPARTIALITY** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**NEUTRALITY** In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.

**INDEPENDENCE** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**VOLUNTARY SERVICE** It is a voluntary relief organisation not prompted in any manner by desire for gain.

**UNITY** There can only be one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**UNIVERSALITY** The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

#### OFFICE USE ONLY

Membership Number  Payment Method: CHQ ☐ CH ☐ PO ☐ CC ☐ :

Photo enclosed: Yes ☐ No ☐ GV form enclosed: Yes ☐ No ☐

Membership Card Issued on:  /  /

Name on Cheque:  Cheque No:

Sort Code:  Account No:



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## Membership Application Checklist

Before submitting your application, please ensure that you have completed and attached all of the below in order to ensure we can process your application:



### Form 1 – Youth Membership Application Form:

I have completed the form in clear block capitals.

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### ID Photograph:

I have attached a head and shoulders passport-style photograph or have sent a digital photo to [membership@redcross.ie](mailto:membership@redcross.ie)

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### Payment:

I have enclosed a cheque/postal order for €10, or have provided card details that can be used to process my application.

☐

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send all of the above together to:

**Membership Section, Irish Red Cross, 16 Merrion Square, Dublin 2, D02 XF85**