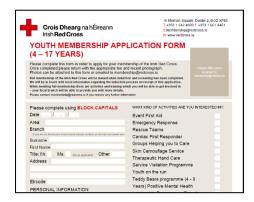


## **Youth Members Application Forms (Ages 4 to 15)**

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:



## Form 1 – Youth Membership Application Form:

Find details and contact information for your nearest branch:

#### 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 <a href="membership@redcross.ie">membership@redcross.ie</a>



16 Merrion Square, Dublin 2, DO2 XF85

T +353 1 642 4600

E membership@redcross.ie

W www.redcross.ie

# YOUTH MEMBERSHIP APPLICATION FORM (4 – 15 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.

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 if you require any further information.

or email to:
membership@redcross.ie

Please complete using <b>BLOCK CAPITALS</b>	WHAT KIND OF ACTIVITIES ARE YOU INTERESTED IN?:		
Date Date DAME AND	Event First Aid		
Area	Emergency Response		
Branch	Rescue Teams		
If you do not know your local branch please contact us and we can assist you.  Surname	Cardiac First Responder Groups		
First Name	Helping you to Care		
Title: Mr. Ms. Other	Skin Camouflage Service		
Address	Therapeutic Hand Care Service		
	Visitation Programme		
	Youth on the run		
Eircode	Teddy Bears programme (4 - 9 Years)		
PERSONAL INFORMATION	Positive Mental Health		
Date of Birth D D / M M /Y Y	Leadership Programmes		
Male Female	Branch Administration Fundraising		
PARENT/GUARDIAN'S CONTACT DETAILS	Youth Services		
Home Tel	Other (please specify)		
Mobile Tel	euror (produce opeciny)		
Email			
<ul> <li>✓ 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;</li> <li>✓ I understand that I will be required to adhere to the Principles of the Red Cross and Red Crescent Movement;</li> <li>✓ I understand that I will be bound by the Constitution and Operating Rules of the Irish Red Cross;</li> <li>✓ I declare that the above information is true and I agree to accept the terms and conditions of membership of the Irish Red Cross.</li> </ul>			
Signed	Parent/Guardian's signature  Date		

I enclose a Cheque/Postal Order made payable Red Cross for:  Where possible please avoid posting cash.	Or please debit my Mastercard/Visa with the amount specified:  ———————————————————————————————————
YOUTH ANNUAL MEMBERSHIP FEE  Amount: €10.00	Card Number:
Please note there will be a €10 annual renewal f due each January.	e
	Expiry Date /
	CVV Number  Last three digits on back of card
IRISH RED CROSS PRIVACY POLICY	
policy to pass names, addresses or contact As a member of the Irish Red Cross we may	d this information is shared within the Irish Red Cross network. It is not our details of our members to third parties for their use.  write to you occasionally to keep you updated on current projects and
appeals.  If you do not wish us to send this information	n to you, please tick this box
The work of the Irish Red Cross is gu	-
Principles of the International Red Cr	oss and Red Crescent Movement:
HUMANITY The International Red Cross and Crescent Movement, born of a desire to brin without discrimination to the wounded on the endeavours in its international and national of prevent and alleviate human suffering where found. It's purpose is to protect life and healt ensure respect for the human being. It promunderstanding, friendship, cooperation, and peace amongst all people.	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.
IMPARTIALITY It makes no discrimination nationality, race, religious beliefs, class or opinions. It endeavours to relieve the suffe individuals, being guided solely by their ne	as to political political cring of  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
give priority to the most urgent cases of di NEUTRALITY In order to continue to confidence of all, the Movement may not hostilities or engage in controversies of racial, religious, or ideological nature.	UNIVERSALITY The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and
OFFICE USE ONLY	
Membership Number	Payment Method: CHQ CH PO CC :
	rm enclosed: Yes No
Membership Card Issued on:	Chague No:
Name on Cheque: Sort Code:	Cheque No:  Account No:
30.1.3040.	/ 1000 dill 140.

## **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:

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ADULT MEMBERSHIP APPI	LICATION FORM
	Property of States of Stat
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## Form 1 – Youth Membership Application Form:

I have completed the form in clear block capitals.





## **ID Photograph:**

I have attached a head and shoulders passport-style photograph or have sent a digital photo to membership@redcross.ie





## Payment:

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

	- 1
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	- 1
	- 1
	- 1

Signature: _			
	Date:		
		•	

Please send all of the above together to:

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