

Youth Members Application Form (Ages 4 to 15)

The availability of Youth Groups within branches depends on the availability of volunteers and a suitable premises. Before submitting your application, please make sure to contact your local branch to ensure they have an active Youth Group.

Page 2 – Youth Membership Application Form:

To find details and contact information for your nearest branch, please visit: www.redcross.ie/volunteerinyourcommunity/ or email membership@redcross.ie

In order to print your membership card, we will need a photograph which can be attached, or sent to in order to provide your membership card, we will need a current, passport-sized photograph. This can be manually attached to the form or emailed to membership@redcross.ie stating your name and "card photo" in the subject line of your email.

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16 Merrion Square, Dublin 2, DO2 XF85 T+353 1 642 4600 E membership@redcross.ie W www.redcross.ie

YOUTH MEMBERSHIP APPLICATION FORM (AGES 4-15)

Please complete this form in order to apply for your membership of the Irish Red Cross.

Photos can be attached to this form or emailed to membership@redcross.ie.

Full membership of the Irish Red Cross will be issued when the relevant steps have been completed. We will be in touch with more information regarding these steps on receipt of this application.

While awaiting membership confirmation there are activities 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.			
Please complete using BLOCK CAPITALS	WHAT KIND OF ACTIVITIES ARE YOU INTERESTED IN?*:		
, ,	Unit Member		
Date: DD/MM/YYYY	Activities include but are not limited to: Event First Aid, Emergency Response, Rescue Teams (not		
Branch*	available in all branches), Cardiac First Responder		
*If you do not know your local branch please contact us and we can assist you.	Groups .		
Surname	Youth Activities		
First Name	Activities include but are not limited to: weekly training in First Aid, health & hygiene, humanitarian		
Title: Mr. Mrs. Ms. Other	issues and personal dvelopment, and fun social		
	activies		
Address	Community Support		
	Activities include but are not limited to: Skin Camouflage Service, Therapeutic Care Service.		
	Psychological First Aid, transport to hospital		
Finanda	appointments, support for migrants and refugees		
Eircode	Branch Administration		
PARENT/GUARDIAN CONTACT DETAILS Fundraising			
Home Tel:			
Mobile Tel:	*Please check with your branch to find out if these activities are available in your area		
Email:			
Email:			
Date of Birth: DD/MM/YYYY			
Gender: Male Female Non-bin	ary 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 understand that I will be bound by the Constit	ation and Operating Rules of the Irish Red Cross,		
·			
·	agree to accept the terms and conditions of membership Date D D / M M / Y Y Y Y		

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IRISH RED CROSS PRIVACY POLICY

photograph or have sent a digital photo to

membership@redcross.ie

We hold information about our members and this information is shared within the Irish Red Cross network. It is not our policy

	ames, addresses or contact details of our members to third parties for their use.	33 Hetwork. It is no
As a mem	ber of the Irish Red Cross we may write to you occasionally to keep you updated on c	urrent projects and
appeals. If you do	not wish us to send this information to you, please tick this box:	
	Membership Application Checklist Before submitting your application, please ensure that you have complattached all of the below in order to ensure we can process your applic	
	I have contacted my local branch to ensure they have an active Youth Group	
	Page 2 – Youth Membership Application Form: I have completed the form in clear block capitals with a signature from my parent/guardian.	
	ID Photograph: I have attached a head and shoulders passport-style	П

Please send all of the above together to:

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

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