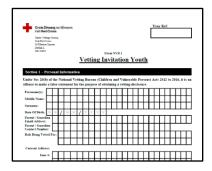


Youth Members Application Forms (Ages 16 & 17)

New youth members aged 16 and 17 joining the Irish Red Cross must complete the below forms:









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 membership@redcross.ie

Form 2 - ID Verification Form:

As part of the Garda Vetting process, applicants must provide documentation to validate their identity.

The ID Verification form can be signed off by an Honorary Officer within the Branch you are joining. Please see the website for contact information for your local branch.

Form 3 – Youth E-Vetting Invitation Form (NVB 1):

This form requires the current address and an e-mail address for a parent/guardian of the Youth applicant.

The E-Vetting Invitation is submitted to the National Vetting Bureau. They then send you an e-mail containing a link that allows you to complete the Garda Vetting application online.

Form 4 – Parental Consent Form (NVB 3)

The Garda Vetting application also requires a parental consent form to be completed by a parent or guardian of the Youth applicant.



16 Merrion Square, Dublin 2, DO2 XF85

T +353 1 642 4600

E membership@redcross.ie

W www.redcross.ie

YOUTH MEMBERSHIP APPLICATION FORM (16 – 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.

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 BLOCK CAPITALS	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
Eliza de	Teddy Bears programme (4 - 9 Years)
Eircode	Positive Mental Health
PERSONAL INFORMATION	Leadership Programmes
Date of Birth Male Female	Branch Administration Fundraising
PARENT/GUARDIAN'S CONTACT DETAILS	Youth Services
Home Tel	Other (please specify)
Mobile Tel	" , , ,
Email	
I confirm that nothing within my personal or profest position which involves working with young people	
✓ I understand that I will be required to adhere to the Prin	nciples of the Red Cross and Red Crescent Movement;
✓ I understand that I will be bound by the Constitution	on and Operating Rules of the Irish Red Cross;
I declare that the above information is true and I a membership of the Irish Red Cross.	gree to accept the terms and conditions of
Signed	Parent/Guardian's signature Date D D / M M / Y Y
Olgi lou	Date of primary in the

I enclose Cash or Cheque/Postal Order made payable to the Irish Red Cross for: Where possible please avoid posting cash.	Or please debit my Mastercard/Visa with the amount specified: Card Holder's Name:
YOUTH ANNUAL MEMBERSHIP FEE (4-17 YEARS) Amount: €10.00	
7 tinodina	Card Number:
Please note there will be a €10 annual renewal fee due each January.	
	Expiry Date /
	CVV Number
IRISH RED CROSS PRIVACY POLICY	
We hold information about our members and this information policy to pass names, addresses or contact details of our rads a member of the Irish Red Cross we may write to you or appeals. If you do not wish us to send this information to you, please	ccasionally to keep you updated on current projects and
The work of the Irish Red Cross is guided by the s Principles of the International Red Cross and Red	
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. It's 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 N	Method: CHQ CH PO CC :
Photo enclosed: Yes No GV form enclosed:	Yes No
Membership Card Issued on: / / / / /	Chague No.
Name on Cheque: Sort Code:	Cheque No: Account No:



IRISH RED CROSS PROOF OF IDENTIFICATION FOR GARDA VETTING

Before we can process your Garda Vetting Form, it is a Garda Vetting requirement that you complete an Identification Check.

ALL FIELDS ARE MANDATORY - INCOMPLETE FORMS WILL BE RETURNED

Section 1 - to be completed by Applicant
Full Name:
Membership Number (if applicable):
Branch:
Area:
Section 2 - to be completed by Branch Officer - Secretary/Chair/Vice-Chair/Treasurer
Branch Honorary Officer Name:
Position Held:
Membership Number:
Please State Documentation verified - (see overleaf for options):
1
2
The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.
Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain a Disclosure.
Please tick box
Branch Honorary Officer Signature:
Date:

^{**}DO NOT SEND COPIES OF DOCUMENTS TO IRISH RED CROSS HEAD OFFICE**



List of Acceptable Documents (100 points required)

Identification Document	Points	Please Tick
Irish Driving Licence	80	
Irish Public Services Card	80	
Passport (from country of citizenship)	70	
Irish Certificate of Naturalisation	50	
Birth Certificate	50	
Garda National Immigration Bureau (GNIB) Card	50	
National Identity Card for EU EEA Swiss Citizens	50	
Irish Driving Licence or Learner Permit (old paper format)	40	
Employment ID		
■ ID card issued by Employer (with name and address)	35	
■ ID card issued by Employer (name only)	25	
Letter from Employer (within last two years)		
Confirming Name and Address	35	
P60 P45 or Payslip (with home address)	35	
Utility bill e.g. gas, electricity, television, broadband (must not be less than 6 months old. Printed online bills are acceptable. Mobile phone bills are not acceptable)	35	
Public Services Card Social Services Card Medical Card	25	
■ With Photograph	40	
Bank/Building Society/Credit Union Statement	35	
Credit Debit Cards Passbooks (only one per institution)	25	
National Age Card (issued by An Garda Siochana)	25	
Membership Card	0.5	
Club, Union or Trade, Professional Bodies Club, Union or Trade, Professional Bodies Club, Union or Trade, Professional Bodies	25	
Educational Institution	25	
Correspondence	20	
From an Educational Institution SUSI CAO	20	
From an Insurance Company regarding an active policy		
■ From a Bank/Credit Union or Government Body or State Agency	20	
CHILDREN UNDER 18 YEARS (any one of the following)		
Passport (from country of citizenship)	100	
Birth Certificate	100	
Written statement by the Principal confirming attendance at educational institution on a letter head of that institution	100	
RECENT ARRIVAL IN IRELAND (less than 6 weeks)		
Passport (from country of citizenship)	100	
Vetting Subject is unable to achieve 100 points**		
Affidavit witnessed by a Commissioner for Oaths	100	
TOTAL POINTS		



Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as "Volunteer" will not suffice.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.



Your Ref:	

Form NVB 1

Vetting Invitation Youth

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Section 1 – P	erso	onal	In	forn	natio	on																				
Under Sec 26(b) of	the	Nat	iona	- ıl Ve	 ettin	g Bı	 urea	— u ((- Chile	- drer	- 1 an	d V	- 'uln	era	ble l	Per	sons	– s) A	cts	201	_ 2 to	 o 20	-)16,	it is	an
offence to make							_																	•		
Forename(s):																										
Middle Name:																										
Surname:																										
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																
Parent / Guard Email Address:																										
Parent / Guard Contact Number																										
Role Being Vet	ted F	or:																								
Current Addre	ess:	-																								
Line	1:																									
Line	2:							L	L																	
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Line	5:					L	L	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	L	L																
Eircode/Postco	de:																									
Section 2 – A	ddi	tior	ıal l	Info	rma	tion																				
Name Of Organi	isatio	m:	Γ	Irisl	n Re	d C	ross																			
Tunic Of Organi		,,,,	L				.000																			
I have provided of I consent to the note that the note th	nakir	ng of	this	appl	licati	ion aı	nd to	o the	disc	losu	re of	f info	orm													
Applicant's	Γ																					_				
Signature:														Da	te:	D	D	7	N	1	M	7	Y	Y	Y	Y

AN GARDA SÍOCHÁNA



NATIONAL VETTING BUREAU

PARENT/GUARDIAN CONSENT FORM (NVB 3)

Applicant Details																						
Forename(s): Surname: Date Of Birth:	/ M	M /	Y	Y	Y	Y																
Parent/Guardian D	etails																					
Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.																						
Forename(s):																						
Surname:																						
Relationship to applica	nt:								I	ath	er:			N	Ioth	er:			Gua	rdia	n:	
Address:																						
Line 1:																						
Line 2:																						
Line 3:																						
Line 4:																						
Line 5:																						
Eircode/Postcode:																						
	•		•														•					
Parent/Guardian C	onsent																					
I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.																						
Parent/Guardian Signature:											te:	/	M	M	/	Y	· Y	Y	Y	Y		



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:

Cost Disagram Ministrator Institutions ADULT MEMBERSHIP APPLICATION FORM ADULT MEMBE	Form 1 – Youth Membership Application Form:	
The state of the s	I have completed the form in clear block capitals.	
	Form 2 – ID Verification Form:	
Sections and four in the control of	I have met with my local Irish Red Cross Branch and my ID Verification form has been signed off by the Branch Secretary, Treasurer, Chair or Vice-Chair. DO NOT SEND ANY COPIES OF ANY ID DOCUMENTS WITH YOUR APPLICATION TO HEAD OFFICE.	
O de Barray or Green Vers Brit. No de B	Form 3 – Youth E-Vetting Invitation Form:	
Vertice Districts Marie Management The Conference of the Confere	I have completed this form including an e-mail address for my parent/guardian which will allow me to complete my Garda Vetting online.	
On the control of the control o	Form 4 – Parental Consent Form:	
Vision Includes When the Control Cont	This form has been signed by my parent/guardian.	
	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.	
Signature:		
	Date:	

Please send all of the above together to:

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