



The HUMMER Club, Inc.

HOPE Program

191 Main Street

Annapolis, MD 21401

Phone 410-272-0269

Fax 410-269-1530

glen@thehummerclubinc.com

www.thehummerclubinc.com

Thank you for your interest in the HUMMER Owners Prepared for Emergencies Program (HOPE). You are about to become a key element in the American Red Cross' volunteer disaster response team. Thank you in advance for your commitment and dedication. Below are the requirements necessary to become a full HOPE member. All requirements must be met before you can be deployed as a Red Cross HOPE volunteer.

Please fax or mail the following documents to our office Attn: HOPE Program.

- HOPE Volunteer Application (attached)
- Signed American Red Cross Code of Conduct Form (attached)
- American Red Cross *Introduction to Disaster** self study course
 - o Available online at: www2.redcross.org/flash/course01_v01
- Current member of the HUMMER Club in good standing
- Trail Endorsement or willing to obtain necessary training within one year
- Clear copy of Driver's License
- Proof of current Adult CPR & First Aid Certification
- Proof of any other related current certifications (i.e. EMT, Radio Protocol, etc.)
- Proof of current Auto Insurance coverage
- A one-time HOPE Membership fee** of \$55.00.

Once we have processed your paperwork and all program requirements have been met we will send you your official HOPE Member Packet. These packets include a HOPE T-shirt, an American Red Cross First Aid Kit, American Red Cross door magnets and other materials related to the HOPE program. We will also initiate contact with your local American Red Cross Chapter. If you have any questions, please feel free to contact our office.

Sincerely,
Glen Peck,
The Hummer Club Inc Director
HOPE Membership Administrator

* This is an on-line course, thus no documentation is necessary

** Fee represents one member. Spouses applying must complete a separate application.



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HOPE Volunteer Application

Name: _____
Last
First
Midde

Home Address: _____
Street
City, State
Zip

HUMMER Club, Inc. Membership Number: _____

What County do you Reside In? _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

Date of Birth: _____

Occupation: _____ Employer: _____

In an Emergency, Notify: _____ Phone Number: _____

- | | | | |
|-----------------------------------|--|------------------------------------|--|
| Age: | Language Proficiencies: | Ethnicity: | Education: |
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> English | <input type="checkbox"/> African | <input type="checkbox"/> Grade School |
| <input type="checkbox"/> 18-30 | <input type="checkbox"/> Spanish | <input type="checkbox"/> American | <input type="checkbox"/> High School |
| <input type="checkbox"/> 31-55 | <input type="checkbox"/> French | <input type="checkbox"/> Asian | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> 56-65 | <input type="checkbox"/> Japanese | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Program |
| <input type="checkbox"/> Over 65 | <input type="checkbox"/> Other:
_____ | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Graduate |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Program |

Please check here to indicate completion of the American Red Cross *Introduction to Disaster* on-line course

Background Check

The American Red Cross is committed to the safety and security of its staff, volunteers, and clients. As such, the local chapter office of the American Red Cross may require that you have a completed background check on file.

Please describe your previous volunteer experiences:

- Check here if you are willing to volunteer during National emergencies/disasters?
- Check here if you are also willing to travel for National emergencies/disasters?
- Check here if you face any physical restrictions (heavy lifting limitations, etc.)?
If so, please explain:

Please List any Specific hobbies and interests:

Please tell us about your HUMMER

Model: _____ Year: _____ Make: _____

Does, your HUMMER have any special modifications (circle one)? Yes No

If so, please explain:

What is your shirt size (S, M, L, and XL)? _____

By completing the volunteer application and The HOPE program requirements you agree to us sharing part or all of your information with our partners in the HOPE Program.

Signature: _____ Date: _____

American Red Cross Code of Conduct

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American Red Cross has traditionally demanded and received the highest ethical performance from its employees and volunteers. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer services required by those in need, the American Red Cross operates under the following Code of Conduct, applicable to all volunteers and paid staff.

No employee or volunteer member shall:

1. Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the American Red Cross, except in conformance with American Red Cross policy.
2. Accept or seek on behalf of himself or any other person, any financial advantage or gain of other than nominal value which may be offered as a result of the volunteer's or paid staff's affiliation with the American Red Cross.
3. Publicly utilize any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official position of the American Red Cross.
4. Disclose any confidential American Red Cross information that is available solely as a result of the volunteer's or paid staff member's affiliation with the American Red Cross to any person not authorized to receive such information, or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.
5. Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
6. Operate or act in any manner that is contrary to the best interest of the American Red Cross.

In the event that the volunteer's or paid staff's obligation to operate in the best interests of the American Red Cross conflicts with the interests of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in any decisions or voting in connection with the matter.

Signature: _____ Date: _____