

**Application form for the RED Innovator**

**Personal Information\***

Name in full

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| Date of Birth (YYYY/MM/DD) | Nationality |
| Name of University (College)  | Major |
| Mobile number | E-mail  |
| Are you eligible to volunteer for the APDRC from Jul to Dec, 2018? Yes NO | LanguageEnglish : Native Fluent Intermediate available Korean: Native Fluent Intermediate availableOthers :  |

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| **Applying Position** |
| Position you are applying for 🞏 Research and Innovation 🞏 Public Relations |  |

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| **Experience History** |
| Organization (1) | Period |
| Role |  |
| Remark |

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| --- | --- |
| Organization (2) | Period |
| Role |  |
| Remark |

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| **Short Essay**  |
| Please answer each question less than 150 words 1. Introduce yourself including your strengths and weakness. 2. Please share your Red Cross experiences such as donations, volunteering activities or blood donation or other humanitarian activities.3. What is your most successful story in your life? 4. How would you apply your strengths to your applying position? Why do you think you are suitable for this role?  |

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| **Consent to Collect and Use of Personal Information** |
| The Korean Red Cross intends to obtain your consent to collect and use your personal information under Article 15 and 22 of the Personal Information Protection Act as follows:1. Purpose of Collection/Use: Personal identification of an applicant, Proceeding the process of selecting volunteers for the APDRC as a Red Innovator2. Items to be Collected/Used- Mandatory information: Personal identification information (name, date of birth, contact information), education information (school name, major, etc.), English proficiency and other information the applicant provided in the application3. Retention/Use period- Non-selected applicants: 1 month from the submission of the application- Selected applicants: 1 year from the submission of the consent4. Right to Refuse to agree and disadvantage upon any refusal to agree- Since the consent to collection/use of the mandatory information is essential for continuing the volunteers selection process, it can be continued only when the applicant agrees to the above conditions.I agree to your collection/use of my personal information as described above.☐I agree ☐ I do not agree  |

I certify that my answers are true and complete to the best of my knowledge.

Date:

Name: (Signature)

# Please send the application to the APDRC via apdrc@apdisasterresilience.org

# Contact Information: 02-3705-3644