



Volunteer Application

Please Print Legibly

Last Name _____ First Name _____ MI _____
Home Address _____ City _____ County _____
State _____ Zip + 4 _____ Home Phone _____ E-mail _____

Emergency Data

Emergency Contact Name _____ Relationship _____
Phone _____ Alt. Phone _____

Volunteer Experience

List any current or past community service involvement

Organization _____ Phone _____ Job title _____
Name of Supervisor _____ Reason for Leaving _____
Have you ever volunteered with the Red Cross before? ___Yes ___No Where/When _____
Have you ever been an instructor in another Chapter? ___Yes ___No Where _____
Have you ever had your instructor authorization withdrawn? ___Yes ___No

Explain why _____

Work Experience

List present or last employer

Employer _____ Job Title _____ Work Phone _____
Address _____ E-mail _____
City _____ State _____ Zip + 4 _____ May we contact you at work? _____

Skills and Interest

Check any skills you have:

- | | | | | |
|--|--|--|------------------------------------|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Mass Care | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Nursing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Casework | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Teaching | <input type="checkbox"/> Special Events Planning | <input type="checkbox"/> Finance | |
| <input type="checkbox"/> Other | | | | |

List any languages you know fluently

As a volunteer, would you like to:

- | | |
|---|--|
| <input type="checkbox"/> Help at a Fundraising Event | <input type="checkbox"/> Volunteer At VA Hospital/Work with Patients |
| <input type="checkbox"/> Drive Van To VA Hospital | <input type="checkbox"/> Provide Leadership on a Committee |
| <input type="checkbox"/> Provide Clerical Support | <input type="checkbox"/> Assist With Special Projects |
| <input type="checkbox"/> Make Presentations on Behalf of Red Cross | <input type="checkbox"/> Respond to Local and/or National Disasters |
| <input type="checkbox"/> Teach Red Cross Courses (CPR, Babysitting, Etc.) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Work Blood Drives | |

Licenses

Driver's License # _____ State _____ Exp. Date _____

Other Licenses (Doctor, Nurse, EMT or professional licenses)

Type _____ License # _____ State _____ Exp. Date _____

Type _____ License # _____ State _____ Exp. Date _____

Education

Name of School

Major

Last Grade Level/Degree

High School _____

College _____

Bus./Voc _____

Personal References

List two persons, other than family, who know your qualifications. These references will be checked.

Name Address Phone

Background Information

Are you the subject of any investigation or disciplinary proceeding before any local, state or federal agency?

Have you been convicted of a misdemeanor within the last 24 months? ___Yes ___No

Have you ever been convicted of a felony? ___Yes ___No

If you answered yes to any of the above questions please explain. _____

Availability

Please note when you are available to volunteer:

Days: ___Sun ___Mon ___Tue ___Wed ___Thu ___Fri ___Sun

Times: ___Morning ___Noon ___Evening

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the American Red Cross permission to inquire into my educational background, references, driving record, police records, court records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the American Red Cross.

I do hereby hold the American Red Cross harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above-named American Red Cross unit. I understand that the American Red Cross will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

Signature

Date