

Volunteer Application – Print, complete and mail to above address or fax to 936-0287.

Last Name, First Name, Middle		Date of Birth		Social Security Number	
Home Address		City		State	Zip Code
Business Address		City		State	Zip Code
Home Phone	Business Phone		E-mail Address		Fax Number
Experience: (Include both paid and volunteer work experience, beginning with most recent)					
Organization Name		Address			Phone
From _____ To _____		Supervisor's Name/Title			
Organization Name		Address			Phone
From _____ To _____		Supervisor's Name/Title			
Organization Name		Address			Phone
From _____ To _____		Supervisor's Name/Title			
Current License(s)					
Type:		Number:		State:	Expiration Date:
Type:		Number:		State:	Expiration Date:
Education and Training (begin with most recent)					
Institution Name		City/State		Degree/Maj or	Date Attended
Fluent Language Skills (include sign language)					
Check age range: 18 & under ____ 19-24____ 25-64____ 65 & Over ____					
Volunteer Opportunities: Check activities which interest you or skills you possess					
<input type="checkbox"/> Blood Services	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Special Events/Projects	<input type="checkbox"/> HIV/AIDS Education		
<input type="checkbox"/> B/P Screening	<input type="checkbox"/> Tele recruitment	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Armed Forces		
<input type="checkbox"/> VA visits	<input type="checkbox"/> Office/clerical	<input type="checkbox"/> Communications	<input type="checkbox"/> Emergency Services		
<input type="checkbox"/> CPR/First Aid Education	<input type="checkbox"/> Data entry	<input type="checkbox"/> Marketing	<input type="checkbox"/> Leadership		
<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Administrative	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> International		
<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Computer				

Availability:								
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>		
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening		
Are you available for a short-term project?							Yes	No
Emergency Contact Information:								
Name		Relationship		Address		Phone		
Previous Red Cross Experience:								
Have you ever worked as a Red Cross employee? <i>If Yes, Give Position, Dates, and Location.</i>							Yes	No
Have you ever worked as a Red Cross volunteer?							Yes	No
Have you ever held any Red Cross certification (e.g., Health & Safety instructor, DSHR member)? <i>If yes, please list.</i>							Yes	No
A "yes" answer to the following italicized questions will not necessarily disqualify any applicant.								
Are you licensed to operate a motor vehicle in this state?							Yes	No
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>							Yes	No
Have you ever been bonded?							Yes	No
<i>Has your bonding ever been revoked? If yes, please explain.</i>							Yes	No
<i>Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.</i>							Yes	No
<i>Have any of your Red Cross certification ever been revoked? If yes, please explain.</i>							Yes	No
Why do you wish to volunteer with the American Red Cross (optional):								

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, 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.

Name (Please Print)	Social Security Number
Signature	Date
Witness	Date