



American Red Cross

Together, we can save a life

Volunteer Application

Last Name	First	Middle		
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/Major	Date Attended	
Fluent Language Skills (include sign language)				
Volunteer Opportunities: Check Activities Which Interest You or Skills You Possess				
<input type="checkbox"/> Blood Services	<input type="checkbox"/> Water Safety	<input type="checkbox"/> Finance	<input type="checkbox"/> Nursing	<input type="checkbox"/> Teaching
<input type="checkbox"/> First Aid Stations	<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> CPR/First Aid Education	<input type="checkbox"/> Special Events/Projects	<input type="checkbox"/> Administrative	<input type="checkbox"/> Development	<input type="checkbox"/> Public Relations
<input type="checkbox"/> HIV/AIDS Education	<input type="checkbox"/> AFES	<input type="checkbox"/> Casework	<input type="checkbox"/> Leadership	<input type="checkbox"/> Marketing
<input type="checkbox"/> Disaster Education	<input type="checkbox"/> International Services	<input type="checkbox"/> Tele-recruitment	<input type="checkbox"/> Other: _____	

Availability:		
<input type="checkbox"/> Monday <small>Morning/Afternoon/Evening</small>	<input type="checkbox"/> Tuesday <small>Morning/Afternoon/Evening</small>	<input type="checkbox"/> Wednesday <small>Morning/Afternoon/Evening</small>
<input type="checkbox"/> Thursday <small>Morning/Afternoon/Evening</small>	<input type="checkbox"/> Friday <small>Morning/Afternoon/Evening</small>	<input type="checkbox"/> Saturday <small>Morning/Afternoon/Evening</small>
<input type="checkbox"/> Sunday <small>Morning/Afternoon/Evening</small>		
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>Has 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 <i>(optional)</i> :		

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

Veteran (Yes or No)

Social Security Number

Signature

Birth Date

Date

Year Started with Red Cross _____

Red Cross Area of Interest _____