



American Red Cross

VOLUNTEER

| | |
|---------------------|---------------------|
| Main Office | Fort Bliss Office |
| 3620 Admiral | 45 Slater Rd. |
| P.O. Box 972236 | P.O. Box 972236 |
| Tel. (915) 592-0208 | Tel. (915) 568-4898 |
| Fax (915) 592-8751 | Fax (915) 568-5656 |

APPLICATION FORM

| | | | |
|------------------|----------------|----------------|-------------------|
| Last Name | First | Middle | <u>Birth date</u> |
| Home Address | City | State | Zipcode |
| Business Address | City | State | Zipcode |
| 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)

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Volunteer Opportunities: Number Activities 1st, 2nd, 3rd that match your interests or skills you possess

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Military Casework | <input type="checkbox"/> Health & Safety Courses | <input type="checkbox"/> Community Preparedness | <input type="checkbox"/> Community Fairs |
| <input type="checkbox"/> Military Briefings | <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Disaster Reserve Team | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Disaster Training | <input type="checkbox"/> Disaster Response Team | <input type="checkbox"/> Disaster Reserve Team | <input type="checkbox"/> Community Administration |
| Other: _____ | | | |

| | | |
|--|--------------|---------|
| Availability: | | |
| <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <small>Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening 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 volunteer? <i>If Yes, Give Position, Dates, and Location.</i> | Yes | No |
| Have you ever worked as a Red Cross employee? <i>If Yes, Give Position, Dates, and Location.</i> | 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 |

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the American Red Cross permission to inquire into my educational background, references, employment, and/or volunteer history, driving record, police records. 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.

PLEASE PRINT

Name _____

Signature _____

Witness _____

Date _____

Date _____