

American Red Cross Volunteer Application

Last Name _____ First Name _____ MI _____

OVP Staff Use Only

Orientation Date ____/____/____ CHERS Entry Date ____/____/____ By _____

Send Additional Info: Yes No

***Return to:
American Red Cross
350 Magnolia Ave., Suite L151
Beaumont, Texas 77701***

Background Information

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

Yes No

Have you ever been convicted of a misdemeanor within the past 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:

Statistical Data - Optional

Volunteers are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disabilities. The following information if used only to develop a complete record of our programs. Completion is optional, although it is very useful to the organization.

Ethnicity: African American White Hispanic Native American Asian/Pacific(s)

Other _____

Do you require any accommodations due to a mental/physical condition that might affect your ability to perform volunteer work that interests you? Yes No

If you answered "yes" to the above question, please explain:

Must you limit your activity in any way? Yes No

If you answered "yes" to the above question, please explain:

Skills / Interests

Disaster Services

__ DAT Member

__ Community Dis. Education

__ DSHR

Health & Safety

__ Volunteer Instructor

__ First Aid Team

Community Development

__ Special Projects

__ Information Processing

__ Public Speaking

__ Youth Services

General Office

__ Receptionist

__ Clerical

Please print legibly...

Mr. Mrs. Ms. Dr. Other _____ Social Security number (optional) _____

Last Name _____ First Name _____ MI _____

Home Address _____ City _____ Country _____

State _____ Zip Code+4 _____ - _____ Home Phone () _____ Email _____

Emergency Data

In Case of Emergency notify: Name: _____ Relationship _____

Phone () _____ Alternate Phone () _____

Work Experience

List present or immediate past employer:

Employer _____ Job Title _____ Work Phone () _____

Address _____ Email _____

City _____ State _____ Zip Code+4 _____ - _____

May we contact you at work? Yes No

Licenses

Driver's License # _____ State _____ Expiration Date ____/____/____

Other (please include nurse's, EMT, and/or professional licenses)

Type/# _____ State _____ Expiration Date ____/____/____

Type/# _____ State _____ Expiration Date ____/____/____

Education

	Name of School	Major	Grade level / Degree Achieved
High School	_____	_____	_____
College	_____	_____	_____
Bus. / Voc.	_____	_____	_____

Volunteer Experience

List any current or past community service involvement...

Organization _____ Phone () _____ Job Title _____

Name of Supervisor _____ Reason for leaving _____

Have you ever volunteered for the Red Cross before? Yes No If so, when/where? _____

Personal References

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

Name _____ Name _____

Address _____ Address _____

Phone () _____ Phone () _____

Statements of Understanding & Code of Conduct Certification

I understand that this is a volunteer position and not a contract of employment. I further agree that as a Red Cross volunteer, I may not accept payment for services, and unless otherwise stated, I am responsible for the cost of uniforms, transportation, and any other expenses (tolls, parking fees, meals, etc.) I may incur while volunteering.

As a volunteer I agree to abide by all rules and regulations of the organization and will take required training where applicable. I further release all parties from liability for any damage that may result from furnishing information to you.

As a condition of considering this application, I will sign necessary documents to release any information maintained by local, state, or federal agencies. In addition, I authorize verification of applicable licenses required for my volunteer assignment. The statements made on this application are complete and accurate.

I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer.

I certify I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it. I affirm that, except as listed below, I have no financial interest or affiliation with any organization which may have interests that conflict with, or appear to conflict with, the best interests of the American Red Cross. Should such conflicts or apparent conflicts arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decisions or voting related to the matter

I also agree, during the term of my affiliation with the American Red Cross, to report promptly to the Chairman of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the American Red Cross.

Volunteer Signature _____

Title _____ Date _____

Interviewer

Mark one box for each category concerning this Volunteer's initial assignment.

Job: General Office Health & Safety Disaster Services Community Development

Other: _____

Interviewer comments:

Start Date: ____/____/____

Interviewer name _____ Signature _____

Date _____