



American Red Cross

Together, we can save a life

SALEM COUNTY CHAPTER

Date		Date of Birth		Age Group (14-17) <input type="checkbox"/> (18-24) <input type="checkbox"/> (25-54) <input type="checkbox"/> (55+) <input type="checkbox"/>			
Last Name			First		Middle		Maiden/Prior
Home Address			Apt/Bldg	City		State	Zip Code
Mailing Address (If Different from Above)			Suite/Apt/Bldg	City		State	Zip Code
Home Phone		Business Phone		Cell Phone		Fax Number	E-Mail Address
Employer				Occupation			
Employer Address			Suite	City		State	Zip Code
Emergency Contact							
Name			Phone			Relationship	
Street Address			Apt/Bldg	City		State	Zip Code
Experience (Please relate any experience you feel would help make you a successful Red Cross volunteer.)							
Current License(s)							
Type			Number		State	Expiration Date	
Type			Number		State	Expiration Date	
Education (Students indicate current school)							
Institution Name			City/State		Degree/Major	Date Attended/<u>Anticipated</u> Graduation Date	
Fluent Language Skills (Include sign language)							
Other Skills (Computer, etc.)							
Volunteer Opportunities (Please check all that interest you)							
<input type="checkbox"/> Blood Services	<input type="checkbox"/> International Services	<input type="checkbox"/> Casework	<input type="checkbox"/> Office Workers	<input type="checkbox"/> CPR/First Aid Ed.	<input type="checkbox"/> AFES	<input type="checkbox"/> Transportation/Medical	<input type="checkbox"/> Nurse _____
<input type="checkbox"/> Water Safety	<input type="checkbox"/> Special Events/Projects	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Instructor _____	<input type="checkbox"/> Family Care Giving	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Gray Ladies
<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Administrative	<input type="checkbox"/> Transportation/Bloodmobile	<input type="checkbox"/> Other _____				

Availability Short Term Long Term

Weekdays Evenings Weekends

Previous Red Cross Experience

Have you ever worked as a Red Cross employee? (If yes, give position, dates, and location.)

Have you ever worked as a Red Cross volunteer? (If yes, give function, dates, and locations.)

Have you ever held any Red Cross certification? (If yes, please list.)

A "yes" answer to the following italicized questions does not necessarily disqualify an applicant.

Are you licensed to operate a motor vehicle in this state?

Has your license to operate a motor vehicle ever been revoked? If yes, please explain.

Have you ever been bonded?

Has your bonding ever been revoked? If yes, please explain.

Have you been convicted of a felony or misdemeanor within the past 24 months, which resulted in imprisonment? If yes, please explain.

Have any of your Red Cross certifications ever been revoked? If yes, please explain.

Why do you wish to volunteer with the American Red Cross (optional):

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.

Signature: _____

Date: _____

STATISTICAL INFORMATION

The American Red Cross, in recognition of its responsibility to employees, volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices, for all persons. The American Red Cross will not discriminate on the basis of race, color, religion, sex or national origin, or against any qualified handicapped individual, disabled veteran, or veteran of the Vietnam era. The following information is requested solely to determine the diversity of Red Cross volunteers.

While completion is optional, it would be most helpful to us as we monitor the complete record of our program.

Gender: M F
Veteran: Yes No
Disabled: Yes No
Ethnic group: Black Hispanic Native Hawaiian/Other Pacific Asian
White American Indian/Alaskan Native Other (Describe):