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American Red Cross Cape Fear Chapter VOLUNTEER APPLICATION

Date		Date of Birth		Age Group (14-18) <input type="checkbox"/> (19-24) <input type="checkbox"/> (25-64) <input type="checkbox"/> (65 and over) <input type="checkbox"/>			
Contact Information							
Last Name			First		Middle		
Home Address			Apt/Bldg	City		State	Zip Code
Business Address			Suite	City		State	Zip Code
Home Phone		Business Phone		Cell Number		Fax Number	E-Mail Address
My preferred mailing address is: Home address <input type="checkbox"/> Business address <input type="checkbox"/>							
Employer				Occupation			
Emergency Contact							
Name			Day Phone	Evening Phone		Relationship	
Experiences (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				
Current Licenses and Certifications (other than those received through the Red Cross)							
Type			Number		State	Expiration Date	
Type			Number		State	Expiration Date	
Education (highest level achieved)							
Institution Name			City/State		Degree/Major	Date Attended	
Language Skill Proficiencies							
Language: Speak: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>							
Language: Speak: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>							
Skills (please check up to four from the list)							
Accounting	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Journalism	<input type="checkbox"/>	Teaching	<input type="checkbox"/>
Administrative Support	<input type="checkbox"/>	Events Coordination	<input type="checkbox"/>	Management	<input type="checkbox"/>	Technical Writer	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Filing	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Volunteer Advisor	<input type="checkbox"/>
Computer Support	<input type="checkbox"/>	Financial Consultant	<input type="checkbox"/>	Project Management	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>		
Data Entry	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>		
Availability							
Monday AM	<input type="checkbox"/>	Tuesday AM	<input type="checkbox"/>	Wednesday AM	<input type="checkbox"/>	Thursday AM	<input type="checkbox"/>
Monday PM	<input type="checkbox"/>	Tuesday PM	<input type="checkbox"/>	Wednesday PM	<input type="checkbox"/>	Thursday PM	<input type="checkbox"/>

Previous Red Cross Experiences

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

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.

*Have you ever been convicted of a felony or misdemeanor?
If yes, please explain.*

Note: Volunteers will be precluded from service if the background check shows a court imposed penalty for a crime within the past 7 years from the date of disposition, release from jail or prison, or release from probation or parole, whichever occurs latest.

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):

In an effort to assure your safety and the safety of those we serve, the American Red Cross requires that all Red Cross employees and volunteers complete a background check prior to employment or registered volunteer service.

I acknowledge this is an electronic signature (accept by clicking the box)

Signature: _____ Date: _____

Consent of Parent/Guardian for Applicant Under Age 18

Name: _____ Date: _____

Signature: _____

AREA OF INTEREST

Disaster Services	<input type="checkbox"/>	Volunteer Resources	<input type="checkbox"/>
International Services	<input type="checkbox"/>	Facilities	<input type="checkbox"/>
SAF	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>
Financial Development	<input type="checkbox"/>		
Fund Raising	<input type="checkbox"/>		
Communication & Marketing	<input type="checkbox"/>		

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 only 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

Marital Status Married Single Divorced Widowed

Ethnic group: Hispanic or Latino
White (Not Hispanic or Latino)
Black or African American (Not Hispanic or Latino)
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
Asian (Not Hispanic or Latino)
American Indian or Alaska Native (Not Hispanic or Latino)
Two or More Races (Not Hispanic or Latino)