



American Red Cross

VOLUNTEER ENROLLMENT FORM

NAME _____ DATE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

EDUCATION/TRAINING: List highest degree attained.

Name of Institution City, State Degree/Major Date Received

PROFESSIONAL LICENSES: Please list current professional licenses and the state in which you are licensed.

Type/Number State Expiration Date

CURRENT EMPLOYMENT: If retired, please note.

Name of Employer/Business

TALENTS/ABILITIES/BACKGROUND: Please circle those that apply to you. Please attach a page if you wish to elaborate on any of your experiences or include a resume.

- | | | |
|--------------------------|--|-----------------------------|
| Public Speaking | Writing Skills | Public Relations Experience |
| Teaching Experience | Drawing/Painting Skills | Casework Skills |
| Basic Computer Skills | Dramatic/Acting/Dancing Skills | Leadership Experience |
| Advanced Computer Skills | Military Connection (Parent/Sibling/Child in Military) | |

FLUENT LANGUAGE SKILLS: _____

AVAILABILITY:

- ___ I work full-time during the week, so I am usually only available on weeknights and weekends.
- ___ I have a flexible schedule, so I am available during the week (M-F) at certain times.
- ___ I am retired or not employed and set my own schedule.

Please write the approximate number of hours you would like to volunteer per month _____

If there is any information about your schedule that would be important for us to know, please note below:

PRIMARY INTERESTS:

Please place a check mark beside the departments that interest you the most.

- Health & Safety Services
- Armed Forces Emergency Services
- Disaster Services
- International Services
- Resource Development (PR & Fundraising)
- Youth Services

SPECIFIC POSITIONS:

If there is a specific position that you are interested in, please note here:

WHEN IS YOUR BIRTHDAY? MONTH _____ DAY _____ YEAR _____

EMERGENCY CONTACTS:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ARE YOU A LICENSED DRIVER? YES ___ NO ___

RACIAL DEMOGRAPHICS: (OPTIONAL) Please circle.

- Asian
- Black
- Hispanic
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

VOLUNTEER CONSENT

I have given the above information voluntarily, and I certify that all statements and representations are true and correct. I understand that this information, and any obtained through contact with the above references or a criminal background check, will be used and disclosed for Red Cross purposes or to any party with legal and proper interest, and I release the Red Cross from any liability whatsoever from supplying such information. I understand that I will not be paid for my services as a Red Cross volunteer. I agree to abide by the volunteer personnel policies and procedures of the chapter.

NAME (PLEASE PRINT) _____ SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date of Orientation _____

Primary Dept. of Interest _____ Referred to: _____ Date: _____

Secondary Dept. of Interest _____ Referred to: _____ Date: _____