



American Red Cross

Monroe County Chapter

American Red Cross

Volunteer Application Form

Date _____

Contact Information

Title: Mr. Mrs. Ms. Miss Dr. Rev.

Name _____

Home Address _____

(include street, apt. number, city, state, and zip)

Home Phone _____ Cell Phone _____

E-mail Address _____

Spouse's Name _____

Are you: Retired A Student Unable to participate in physical activity licensed to drive

Emergency Contact Information

Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Affiliation

Current Occupation _____

Employer _____

Business Address _____ Business Phone _____

Volunteer Interest: Please rank your 1st and 2nd areas of interest

_____ Accounting/Financial Affairs

_____ Blood Services

_____ Committee Work

_____ Disaster Services (Local & Nat. Response)

_____ First Aid Station Team Members

_____ Fundraising

_____ Grant Writing

_____ Grounds Keeping/Maintenance

_____ Health & Safety Office Asst.

_____ Health & Safety Education

_____ International Social Services

_____ Lifeline Home Service Representative

_____ Military Communications

_____ Public Relations

_____ Special Events

_____ Word or Data Processing/Clerical

Availability

How many hours per week are you available to volunteer at the Red Cross? Appox. _____ hours per week.

AM PM

Monday Tuesday Wednesday Thursday Friday Weekends

Are you available when called upon for short term projects? Yes No, I would rather have regular hours.

Background Information

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, please explain _____

Have you ever worked as a paid Red Cross employee? Yes No

If yes, please provide location, job description, and dates _____

Have you ever worked as a Red Cross volunteer? Yes No

If yes, please provide location, job description, and dates _____

Do you currently hold any Red Cross certification (first aid, CPR, AED, instructor, disaster training)? Yes No

If yes, list certifications _____

List languages other than English (fluent communication only): _____

List any previous experiences (paid, volunteer, or educational) that would be helpful in working with our volunteers and staff:

Personal References

Please list one person, other than family, who knows of your qualifications and experience.

Name _____ Relationship _____ Phone _____

⚠ Please note that all Red Cross volunteers must complete a Volunteer Orientation course and must have a background check, both of which are provided by the chapter free of charge to the volunteer. Personal references may be contacted.

Volunteer Consent for a Background Check

I do hereby give the American Red Cross permission to inquire into my educational background, 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.

Name (please print) _____

Signature _____

Date _____

American Red Cross, Monroe County Chapter
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<http://www.monroe-redcross.org>