

Sioux Empire American Red Cross

Volunteer Application Form

Last Name	First	Middle
Home Address	City	State Zip
Business Address	City	State Zip
Home Phone	Business Phone	E-mail
Volunteer Experience:		
Organization Name:		Years Volunteered:
Duties:		Phone:
Organization Name:		Years Volunteered:
Duties:		Phone:
Organization Name:		Years Volunteered:
Duties:		Phone:
References: Please list three references:		
Name:	Address:	Phone: Years Known:
Name:	Address:	Phone: Years Known:
Name:	Address:	Phone: Years Known:
Fluent Language Skills (include sign language)		
Special Education or Training:		
Volunteer Opportunities: Check Which Opportunities interest you		
<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Armed Forces Emergency Services (Family Emergency Calls)
<input type="checkbox"/> Special Events	<input type="checkbox"/> Administrative	<input type="checkbox"/> General Labor, Warehouse, Yard Work
Availability please circle the days and times that you are available.		
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>
<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Sunday</i>		
Morning	Morning	Morning
Afternoon	Afternoon	Afternoon
Evening	Evening	Evening
Emergency Contact Information:		
Name	Relationship	Address Phone

Have you ever held any Red Cross certifications? <i>If yes, please list</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
 <i>If yes, have any of your certifications ever been revoked?</i> <i>If yes, please explain</i>	
Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
DISASTER SERVICES APPLICANTS ONLY: Are you able to lift and carry 20 lbs repeatedly?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Why do you wish to Volunteer with the Red Cross? (optional)	

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the American Red Cross permission to inquire into my references, driving record, police records, 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

Date

Signature