



# Volunteer Application

*Southern Shore Chapter*  
Serving  
Atlantic, Cumberland, & Cape May County

<b>Date:</b>		<b>Date of Birth:</b>		<b>Age Group:</b> (14-17) <input type="checkbox"/> (18-24) <input type="checkbox"/> (25-54) <input type="checkbox"/> (55+) <input type="checkbox"/>	
<b>Last Name:</b>			<b>First:</b>		<b>Middle:</b>
<b>Home Address:</b>		<b>Apt/Bldg:</b>	<b>City:</b>		<b>State:</b> <b>Zip Code:</b>
<b>Business Address:</b>		<b>Suite:</b>	<b>City:</b>		<b>State:</b> <b>Zip Code:</b>
<b>Home Phone:</b>	<b>Business Phone:</b>		<b>Cell Number:</b>	<b>Fax Number:</b>	<b>E-Mail Address:</b>
<b>Employer:</b>			<b>Occupation:</b>		
<b>Emergency Contact</b>					
<b>Name:</b>		<b>Phone:</b>		<b>Relationship:</b>	
<b>Experience (Include both paid and volunteer work experience, beginning with most recent)</b>					
<b>Organization Name:</b>		<b>Address:</b>		<b>Phone:</b>	
<b>From</b>	<b>To</b>	<b>Supervisor's Name/Title:</b>			
<b>Organization Name:</b>		<b>Address:</b>		<b>Phone:</b>	
<b>From</b>	<b>To</b>	<b>Supervisor's Name/Title:</b>			
<b>Current License(s)</b>					
<b>Type:</b>		<b>Number:</b>	<b>State:</b>	<b>Expiration Date:</b>	
<b>Type:</b>		<b>Number:</b>	<b>State:</b>	<b>Expiration Date:</b>	
<b>Education (Highest level achieved)</b>					
<b>Institution Name:</b>		<b>City/State:</b>		<b>Degree/Major:</b>	<b>Date Attended:</b>
<b>Language Skills (Include sign language)</b>					
<b>Language:</b>		Speak: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	
<b>Language:</b>		Speak: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	
<b>Skills (Please check up to four from the list)</b>					
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Driving	<input type="checkbox"/> Journalism	<input type="checkbox"/> Teaching		
<input type="checkbox"/> Building Trades	<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		
<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			
<b>Availability</b>					
<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM	<input type="checkbox"/> Friday AM	
<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM	<input type="checkbox"/> Friday PM	

<b>Previous Red Cross Experience</b>
<b>Have you ever worked as a Red Cross employee? (If yes, give position, dates, and location.)</b>
<b>Have you ever worked as a Red Cross volunteer? (If yes, in what function and where?)</b>
<b>Have you ever held any Red Cross certification? (If yes, please list.)</b>
<b>A “yes” answer to the following italicized questions does not necessarily disqualify an applicant.</b>
<i>Are you licensed to operate a motor vehicle in this state?</i>
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>
<b>Have you ever been bonded?</b>
<i>Has your bonding ever been revoked? If yes, please explain.</i>
<i>Have you ever been convicted of a felony or misdemeanor within the past 24 months, which resulted in imprisonment? If yes, please explain.</i>
<i>Have any of your Red Cross certifications ever been revoked? If yes, please explain.</i>
<b>Why do you wish to volunteer with the American Red Cross (optional):</b>

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: \_\_\_\_\_

**Consent of parent/guardian for under age 18**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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.*

<b>Gender:</b>	M <input type="checkbox"/>	F <input type="checkbox"/>
<b>Veteran:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Disabled:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Ethnic group:</b>	Black: <input type="checkbox"/>
	Hispanic: <input type="checkbox"/>
	Asian/Pacific Islander: <input type="checkbox"/>
	White: <input type="checkbox"/>
	American Indian/Alaskan Native: <input type="checkbox"/>
	Other: <input type="checkbox"/>

### Ethnicity Descriptions:

**AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a cultural identification through tribal affiliation or community recognition.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. The Indian subcontinent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.

**BLACK or AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

**HISPANIC or LATINO:** A person of Cuban, Mexican, Puerto Rican, Central or South American countries and who are of Spanish origin, descent or culture. The category does not include persons from Portugal, who should be classified according to race.

**NATIVE HAWAIIAN:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.