



AMERICAN RED CROSS VOLUNTEER APPLICATION

Greater Rochester Chapter
50 Prince Street
Rochester, NY 14607
585-241-4490

(Please Complete front and back of form)

www.RochesterRedCross.org

Last Name	First	Middle
Home Address	City	State
Business/School Address	City	State
		Zip Code

My preferred mailing address is Home Business/School

Home Phone () ()	Cell () ()	Business/School () ()	Fax () ()	Email
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Age Group 13-18 19-24 25-64 65 and over Date of birth _ / _ / _

Experience *(include both paid and volunteer work experience, beginning with the most recent)*

Employer/Org	City/State	Position
From To	Supervisor's Name/Title	Phone
Employer/Org	City/State	Position
From To	Supervisor's Name/Title	Phone
Employer/Org	City/State	Position
From To	Supervisor's Name/Title	Phone

Education and Training *(begin with most recent)*

School Name	City/State	Degree/Major	Dates Attended

Fluent Language Skills (include sign language)

Do you have a current NYS driver's license? Yes No *(list current driver's license, professional license, etc.)*

Type	Number	State	Expiration Date
Type	Number	State	Expiration Date

Have you ever been convicted of child abuse? Yes No If yes, please explain:

Have you ever been disciplined/censured by a professional organization? Yes No If yes, please explain:

Volunteer Opportunities *(check activities which interest you or skills you possess)*

<input type="checkbox"/> Blood Drive Volunteer <input type="checkbox"/> Be Red Cross Ready (BRCR) <input type="checkbox"/> Community Outreach Volunteer <input type="checkbox"/> Disaster Action Team <input type="checkbox"/> Disaster Health Services	<input type="checkbox"/> Disaster Mental Health <input type="checkbox"/> DSHR (National Disaster) <input type="checkbox"/> Food & Nutrition Service <input type="checkbox"/> Youth Leadership Development <input type="checkbox"/> Internship <input type="checkbox"/> Marketing & Public Relations <input type="checkbox"/> Office Clerical/Data Entry	<input type="checkbox"/> Recruitment Volunteer <input type="checkbox"/> Special Events/Fund Raising <input type="checkbox"/> Safe on Your Own Facilitator <input type="checkbox"/> Volunteer Interviewer <input type="checkbox"/> Other _____
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Availability

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Are you available for a short-term project? Yes No Are you available to assist Red Cross in time of a disaster? Yes No

Emergency Contact

Name	Day Phone () ()	Evening Phone () ()	Relationship
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Previous Red Cross Experience

Have you ever worked as a Red Cross employee? Yes No *If yes, please give position, dates and location.*

Have you ever worked as a Red Cross volunteer? Yes No *If yes, please give position, dates and location.*

Have you ever held any Red Cross certification? (e.g. Health & Safety Instructor, DSHR member) Yes No *If yes, please list*

Have any of your Red Cross certifications ever been revoked? Yes No *If yes, please explain.*

Referral Source

- Student Volunteer Directory Volunteer Connection Volunteer Match Brochure Red Cross Website
- Employee/Volunteer Referral Family/Friend Radio/TV Ad Newspaper Article Classified Ad
- Community Outreach Activity Presentation Fair School Walk-in Other _____

References: *I give the Red Cross permission to check my references. I hold harmless any individual, agency, or business that provides information or documents to the Red Cross. I understand that the information will be used as part of the verification of my volunteer application.*

Name (business)	Phone ()
Name (personal)	Phone ()

Demographic Information: *The following information is requested to determine the diversity of Red Cross Volunteers. Completing this information is optional, but would be most helpful as we monitor our programs and services.*

- African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
- Hispanic/Latino White Other _____

Gender Female Male Date of Birth ____ / ____ / ____

Signature

Date

<input type="checkbox"/> I check this box as endorsement in lieu of my signature	Date
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Office Use Only

Volunteer Orientation attended Yes No Date _____ Combined Policy Statement Yes No

Background Check Yes No Clear Date _____ Registered for credit Yes No Hours Needed _____

Job Code _____ Business Title _____ Dept. _____

Line of Svc _____ Team Code _____ Description _____