



American Red Cross
Together, we can save a life

VOLUNTEER APPLICATION FORM
South Central Mississippi Chapter

Personal Information:			
Last Name		First	Middle
Home Address		City	ST ZIP
Business Address		City	ST ZIP
Home phone:	Business phone:	Fax Number	E-mail Address:
Experience: (Include both paid and volunteer work experience, beginning with most recent)			
Organization Name		Address	Phone
From _____ To _____		Supervisor's Name/Title:	
Organization Name		Address	Phone
From _____ To _____		Supervisor's Name/Title:	
Organization Name		Address	Phone
From _____ To _____		Supervisor's Name/Title:	
Current License(s) include Drivers			
Type:	Number:	ST	Expiration Date:
Type:	Number:	ST	Expiration Date:
Education and Training (begin with most recent)			
Institution Name	City/ST	Degree/Major	Date(s) Attended
Fluent Language Skills (include sign language)			
Volunteer Opportunities – Check activities that interest your or skills you possess			
<input type="checkbox"/> General Office Support: reception, clerical, bulk mail prep, misc. jobs <input type="checkbox"/> Publications: newsletters, direct mail, brochures; graphic design, writing, editing, photography <input type="checkbox"/> Data Entry – Health & Safety, Disaster, Military, utilities, etc.	<input type="checkbox"/> Events Worker: <i>i.e.</i> , Senior Fair rep, HUBfest rep, Drawdown support staff, other community events <input type="checkbox"/> Military communication caseworker (AFES): learn the process, be available, take the pager as needed	<input type="checkbox"/> Instructor H&S or Disaster <input type="checkbox"/> Leader/Presenter TogetherWe Prepare Schools/Workplace, Masters of Disaster <input type="checkbox"/> Marketing & Publicity: H&S classes, Disaster Education, TogetherWe Prepare, Masters of Disaster, Special Events	<input type="checkbox"/> WebMaster – persons who can create & update & monitor our website <input type="checkbox"/> Disaster Services: ERV driver, Mass Care, Shelter Worker, Family Services, Damage Assessment, Record keeping, etc. etc.

Computer competency level: <input type="checkbox"/> Zero <input type="checkbox"/> adequate <input type="checkbox"/> comfortable <input type="checkbox"/> proficient <input type="checkbox"/> expert					
Software I know:					
Availability: <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Project by Project					
<input type="checkbox"/> Monday Morning/Afternoon	<input type="checkbox"/> Tuesday Morning/Afternoon	<input type="checkbox"/> Wednesday Morning/Afternoon	<input type="checkbox"/> Thursday Morning/Afternoon	<input type="checkbox"/> Friday Morning/Afternoon	
Emergency Contact Information:					
Name	Relationship	Address	Phone		
Previous Red Cross Experience:					
Have you ever worked as a Red Cross employee? <i>If Yes, give position, dates and location</i>				Yes	No
Have you ever worked as a Red Cross Volunteer?				Yes	No
Have you ever held any Red Cross certification (e.g., Heath & Safety instructor, DSHR member)? <i>If Yes, please list.</i>				Yes	No
<i>If Yes, with which Chapter?</i>			<i>Are your current?</i>		
A “yes” answer to the following <i>italicized</i> questions will not necessarily disqualify any applicant.					
Are you licensed to operate a motor vehicle in this state?				Yes	No
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>				Yes	No
Have you ever been bonded?				Yes	No
<i>Has your bonding ever been revoked? If yes, please explain</i>				Yes	No
<i>Have you ever been convicted of a <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor within the past 24 months, that resulted in imprisonment? If yes, please explain.</i>				Yes	No
<i>Have any of your Red Cross certifications ever been revoked? If yes, please explain.</i>				Yes	No
Why do you wish to volunteer with the American Red Cross (optional):					

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.

Name – Please Print

Social Security Number

Signature

Date

Witness

Date