

American Red Cross

1322 Ellis Street
 Augusta, Georgia, 30901-2749

Phone: (706) 724-8481
 Fax: (706) 724-8485
 Email: Lreese@arcaug.org

Last Name		First	Middle
Home Address		City	State Zip code
Business Address		City	State Zip code
Home Phone	Business Phone	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)

Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:

Education and Training

Institution Name	City/State	Degree/Major	Date Attended

Fluent Language Skills (include sign language)

--

Volunteer Opportunities: Check Activities Which Interest You or Skills You Possess

<input type="checkbox"/> Administrative	<input type="checkbox"/> Front Office/Clerical	<input type="checkbox"/> Teaching
<input type="checkbox"/> First Aid Stations	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Water Safety
<input type="checkbox"/> CPR/First Aid Education	<input type="checkbox"/> Grantwriting	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Marketing	
<input type="checkbox"/> Disaster Education	<input type="checkbox"/> Special Events/ Projects	
<input type="checkbox"/> Disaster Action Team	<input type="checkbox"/> Service to Armed Forces/Casework	

Availability:							
Monday <small>A.M./Afternoon/P.M.</small>	Tuesday <small>A.M./Afternoon/P.M.</small>	Wednesday <small>A.M./Afternoon/P.M.</small>	Thursday <small>A.M./Afternoon/P.M.</small>	Friday <small>A.M./Afternoon/P.M.</small>	Saturday <small>A.M./Afternoon/P.M.</small>	Sunday <small>A.M./Afternoon/P.M.</small>	
Are you available for a short-term project?						Yes	No
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., Health & Safety instructor, DSHR member)? <i>If yes, please list.</i>						Yes	No
A yes answer to the following italicized 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 felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.</i>						Yes	No
<i>Have any of your Red Cross certification ever been revoked? If yes, please explain.</i>						Yes	No
Why do you wish to volunteer with the American Red Cross <i>(optional)</i> :							

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

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) _____

Signature _____

Date _____

Witness _____

Date _____