

American Red Cross

1322 Ellis Street
 Augusta, Georgia, 30901-2749

Phone: (706) 724-8481
 Fax: (706) 724-8485
 Email: info@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 _____ Fax Number _____

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 (begin with most recent)

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 *(Units Adapt for Local Opportunity and Need)*

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Blood Services | <input type="checkbox"/> Water Safety | <input type="checkbox"/> I.H.L. Training | <input type="checkbox"/> Communications | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> First Aid Stations | <input type="checkbox"/> Disaster Services | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> CPR/First Aid Education | <input type="checkbox"/> Special Events/Projects | <input type="checkbox"/> Administrative | <input type="checkbox"/> Development | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> HIV/AIDS Education | <input type="checkbox"/> AFES | <input type="checkbox"/> Casework | <input type="checkbox"/> Leadership | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Disaster Education | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> Telerecruitment | | |

Availability:							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday Morning/Afternoon/Evening	
Morning/Afternoon/Evening	Morning/Afternoon/Evening	Morning/Afternoon/Evening	Morning/Afternoon/Evening	Morning/Afternoon/Evening	Morning/Afternoon/Evening	Morning/Afternoon/Evening	
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 (optional):							

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

Social Security Number

Signature

Date

Witness

Date