



San Joaquin County Chapter
VOLUNTEER APPLICATION

Date		Date of Birth		Age Group (14-18) <input type="checkbox"/> (19-24) <input type="checkbox"/> (25-64) <input type="checkbox"/> (65 and over) <input type="checkbox"/>			
Contact Information							
Last Name			First		Middle		
Home Address			Apt/Bldg	City		State	Zip Code
Business Address			Suite	City		State	Zip Code
Home Phone		Business Phone		Cell Number		Fax Number	E-Mail Address
My preferred mailing address is: Home address <input type="checkbox"/> Business address <input type="checkbox"/>							
Employer				Occupation			
Emergency Contact							
Name			Day Phone	Evening Phone		Relationship	
Experiences (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				
Current Licenses and Certifications (other than those received through the Red Cross)							
Type		Number		State	Expiration Date		
Type		Number		State	Expiration Date		
Education (highest level achieved)							
Institution Name			City/State		Degree/Major	Date Attended	
Language Skill Proficiencies							
Language: Speak: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>							
Language: Speak: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>							
Skills (please check up to four from the list)							
Accounting	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Journalism	<input type="checkbox"/>	Teaching	<input type="checkbox"/>
Administrative Support	<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 (specify)	<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	<input type="checkbox"/>		
Availability							
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 <input type="checkbox"/>			

Previous Red Cross Experiences	
Have you ever worked as a Red Cross employee or volunteer?	(If yes, give Red Cross affiliation names, position and dates.)
Have you ever held any Red Cross certification?	(If yes, please list.)
Have you ever received a background check from another Red Cross unit?	(If yes, please list details.)
A “yes” answer to the following italicized questions does not necessarily disqualify an applicant.	
<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>	
Why do you wish to volunteer with the American Red Cross (optional):	

In an effort to assure your safety and the safety of those we serve, the American Red Cross requires that all Red Cross employees and volunteers complete a background check prior to employment or registered volunteer service.

Signature: _____ Date: _____

Consent of Parent/Guardian for Applicant 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 only 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.

- Gender:** M F
- Veteran:** Yes No
- Disabled** Yes No
- Marital Status** Married Single Divorced Widowed
- Ethnic group:** American Indian/Alaskan Native
Asian/Pacific Islander
Black/African American
Hispanic/Latino
Native Hawaiian/Other Pacific
White
Other: