



VOLUNTEER APPLICATION

Midway-Kansas Chapter

DATE: _____

For office use only

Position: _____ Dept: _____ Start date: _____ End date: _____

PLEASE TYPE OR PRINT LEGIBLY IN INK

Last Name _____ First Name _____ Middle Initial _____ Nickname _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone Number _____ E-mail address: _____
Home: _____ Work: _____ Cell: _____

Emergency Contact: Relationship: Address: Daytime Phone:

1) _____

2) _____

EDUCATIONAL BACKGROUND/SKILLS

Circle highest level completed: Grades 1-5 6-9 10-12 Technical/Vocational Business College Graduate School
Field of Study _____

List skills and indicate proficiency:

Languages: _____ Fluent _____ Read _____ Write _____

LICENSES

Driver's License: Number _____ Class: _____ Expiration date: _____

Has your license ever been revoked or suspended? Y ___ N ___ If yes, please explain: _____

Professional Licensure: _____ License # _____ State _____ Exp. Date _____

REFERENCES – Please do not include relatives

Name _____ Relationship _____ Address _____ City/State _____ Zip Code _____ Daytime Phone Number _____

1) _____

2) _____

VOLUNTEER INTERESTS – Check the activities which interest you:

Driver Disaster Casework Blood Services Office/Clerical Teaching

Special Events/Booths Other: _____

TIMES YOU ARE AVAILABLE (Check as many as apply)

Mon Tues Wed Thurs Fri Daytime Evenings Weekends

Disaster Applicants only - Are You Available: National State Local

EMPLOYMENT EXPERIENCE

Company Name Job Title/Duties Dates of Employment

1) _____

2) _____

VOLUNTEER EXPERIENCE

Organization Name Job Title/Duties Dates of Service

1) _____

2) _____

Have you ever been convicted of a felony? Yes No Misdemeanor? Yes No

If yes, Please explain:

Are you aware of any reason you cannot perform the function of the volunteer position for which you are applying? Yes

No If yes, please explain and list any accommodation which might help you. _____

I understand that I am applying for a volunteer position and that this is not an application for, or a contract of, employment. I further agree that as a Red Cross volunteer, I may not accept payment for my services and that I will incur the cost of any required uniforms, and transportation to and from the job site. I will also take required training where applicable.

I do hereby give the American Red Cross permission to inquire into my educational background, references, driving record, criminal background, 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 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.

The statements made on this application are true, complete and correct. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer.

Applicant Signature Date Interviewer Signature Date

Employed _____ Unemployed _____ Retired _____ Student _____ Homemaker _____

Motivation: Career Experience _____ Community Service _____ Reentry to Job Market _____ School Credit _____