



American Red Cross

Volunteer Application & Reference Check

PLEASE READ CAREFULLY

Thank you for your interest in the American Red Cross. **In order to have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered.** While we encourage you to attach a resume, please note that a resume will not substitute for completing any portion of this application. All information will be treated confidentially.

American Red Cross considers applicants for all volunteer positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status.

The **A**merican Red Cross...
Always there...
touching more lives,
in new ways...
under the same trusted symbol.

THE MISSION OF THE AMERICAN RED CROSS

The American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disaster and helps people prevent, prepare for and respond to emergencies. It does this through services that are consistent with the congressional charter and the fundamental principles of the International Red Cross and the Red Crescent Movement

Fundamental Principles of The Red Cross

H u m a n i t y -- The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

I m p a r t i a l i t y -- It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

N e u t r a l i t y -- In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

I n d e p e n d e n c e -- The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

V o l u n t a r y S e r v i c e -- It is a voluntary relief movement not prompted in any manner by desire for gain.

U n i t y -- There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

U n i v e r s a l i t y -- The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

General Information

Last		First		Middle Initial	
Street Address			City		State Zip Code
Home Phone ()		Work Phone ()		Cell Phone ()	
Drivers License Number					
Email - Required					
Are you now or have you ever been a paid employee or volunteer with the American Red Cross? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the location, title, and dates below:					
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Record of Conviction and Revocations

Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:					
Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has your bonding ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have any of your Red Cross certifications ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Experience: (Include both paid and volunteer work experience, beginning with most recent)

Organization Name			City	State	Zip Code
Telephone No. ()		Title			
Beginning Date		Ending Date		Supervisor's Name & Title	
Summary of duties:					
Reason for leaving:					
Organization Name			City	State	Zip Code
Telephone No. ()		Title			
Beginning Date		Ending Date		Supervisor's Name & Title	
Summary of duties:					
Reason for leaving:					

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Education and Training

High School		City	State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College and/or Technical School Name		City	State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major					
Other Training or Degrees School Name			City	State	
Major			Degree Earned		

Licenses and Certifications

Title	No.	State	Expiration Date

Skills and Interests

Availability (Check all that apply) <input type="checkbox"/> Long Term Frequent <input type="checkbox"/> Long Term Infrequent <input type="checkbox"/> Short Term Project <input type="checkbox"/> Short Term Internship <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Daytime <input type="checkbox"/> Specific _____	Interests (Check all that apply) <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Case Work <input type="checkbox"/> Disaster Response Assistant <input type="checkbox"/> Events Coordination <input type="checkbox"/> Health & Safety Instructor <input type="checkbox"/> Inventory Control <input type="checkbox"/> Local Disaster Response (DAT) <input type="checkbox"/> Marketing/ Public Relations <input type="checkbox"/> National Disaster Response (DSHR) <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Other _____	Skills (Check all that apply) <input type="checkbox"/> Crisis Management <input type="checkbox"/> Counseling <input type="checkbox"/> Graphic Arts <input type="checkbox"/> Leadership <input type="checkbox"/> Office Computer Applications <input type="checkbox"/> Organizational <input type="checkbox"/> Public Speaking <input type="checkbox"/> Second Language _____ <input type="checkbox"/> Website Development <input type="checkbox"/> Writing <input type="checkbox"/> Other _____
Have you ever been discharged or asked to resign from a job or volunteer position? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Reference & Emergency Contact Information

Please provide information on two non-relatives to serve as reference		
Name	Phone	Relationship
Name	Phone	Relationship
In case of emergency please contact:		Phone

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal as a volunteer regardless when they are discovered. I understand that I am not applying for employment with the American Red Cross, but rather a volunteer position which can be terminated at any time by me or the American Red Cross.

Signature of Applicant: _____ Date: _____

Invitation for Self-Identification for Applicants

The American Red Cross is an equal opportunity employer. In recognition of its responsibility to its paid and volunteer staff, and the community it serves, the Red Cross affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, the Red Cross must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application for employment or employment with the Red Cross. This information will be kept in confidence and will not accompany your application to the prospective supervisors. Please contact the EEO Office if you have any questions.

Name

Date

Position applying for:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> White, not Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black, or African-American, not Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic or Latino | |