



# SURRY COUNTY CHAPTER VOLUNTEER APPLICATION

NAME \_\_\_\_\_ SS # \_\_\_\_\_  
LAST FRIST MIDDLE BIRTHDATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ YRS  
LENGTH OF RESIDENCY

BUSINESS ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
HOME BUSINESS

### VOLUNTEER EXPERIENCE AND COMMUNITY AFFILIATIONS

ORGANIZATION: \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SPECIAL PROFESSIONAL TRAINING OR SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION (MOST RECENT)

INSTITUTION	CITY/STATE	DEGREE/MAJOR	DATES ATTENDED

### CURRENT LICENSE(S):

TYPE	NUMBER	STATE	EXP. DAT
TYPE	NUMBER	STATE	EXP. DATE

FLUENT LANGUAGE SKILLS (INCLUDE SIGN LANGUAGE): \_\_\_\_\_  
\_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEER OPPORTUNITIES

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> BLOOD SERVICES         | <input type="checkbox"/> DISASTER EDUCATION      | <input type="checkbox"/> YOUTH PROGRAMS | <input type="checkbox"/> FUND RAISING |
| <input type="checkbox"/> CPR/FIRST AID TRAINING | <input type="checkbox"/> DISASTER SERVICES       | <input type="checkbox"/> ADMINISTRATIVE | <input type="checkbox"/> AFES         |
| <input type="checkbox"/> PUBLIC RELATIONS       | <input type="checkbox"/> SPECIAL EVENTS PROJECTS | <input type="checkbox"/> AFES           | <input type="checkbox"/> DATA ENTRY   |
| <input type="checkbox"/> WATER SAFETY           | <input type="checkbox"/> INTERNATIONAL SERVICES  | <input type="checkbox"/> AFES           | <input type="checkbox"/> OTHER        |

AVAILABILITY (CIRCLE ONE OR MORE) WEEKDAYS EVENINES WEEKENDS

EMERGECNY CONTACT \_\_\_\_\_

