



**SURRY COUNTY CHAPTER  
VOLUNTEER APPLICATION**

<b>Date</b>		<b>Date of Birth</b>		<b>Age Group</b> (14-17) <input type="checkbox"/> (18-24) <input type="checkbox"/> (25-54) <input type="checkbox"/> (55+) <input type="checkbox"/>			
<b>Last Name</b>			<b>First</b>			<b>Middle</b>	
<b>Home Address</b>			<b>Apt/Bldg</b>	<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Business Address</b>			<b>Suite</b>	<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>		<b>Business Phone</b>		<b>Cell Number</b>		<b>Fax Number</b>	<b>E-Mail Address</b>
<b>Employer</b>				<b>Occupation</b>			
<b>Emergency Contact</b>							
<b>Name</b>			<b>Phone</b>			<b>Relationship</b>	
<b>Experience (Include both paid and volunteer work experience, beginning with most recent)</b>							
<b>Organization Name</b>			<b>Address</b>			<b>Phone</b>	
<b>From</b> <b>To</b>			<b>Supervisor's Name/Title</b>				
<b>Organization Name</b>			<b>Address</b>			<b>Phone</b>	
<b>From</b> <b>To</b>			<b>Supervisor's Name/Title</b>				
<b>Current License(s)</b>							
<b>Type</b>			<b>Number</b>		<b>State</b>	<b>Expiration Date</b>	
<b>Type</b>			<b>Number</b>		<b>State</b>	<b>Expiration Date</b>	
<b>Education (Highest level achieved)</b>							
<b>Institution Name</b>			<b>City/State</b>		<b>Degree/Major</b>	<b>Date Attended</b>	
<b>Fluent Language Skills (Include sign language)</b>							
<b>Skills (Please check up to four from the list)</b>							
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Driving	<input type="checkbox"/> Journalism	<input type="checkbox"/> Teaching	<input type="checkbox"/> Building Trades	<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 checked="" type="checkbox"/> Computer Support.	<input type="checkbox"/> Financial Consultant	<input type="checkbox"/> Project Management	<input type="checkbox"/> Other
<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	
<b>Availability</b> <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term							
<input type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input checked="" type="checkbox"/> Friday	<input type="checkbox"/> Weekends	<b>Note:</b>	

**Previous Red Cross Experience**

Have you ever worked as a Red Cross employee? (If yes, give position, dates, and location.)

Have you ever worked as a Red Cross volunteer? (If yes, in what function and where?)

Have you ever held any Red Cross certification? (If yes, please list.)

**A “yes” answer to the following italicized questions does not necessarily disqualify an applicant.**

*Are you licensed to operate a motor vehicle in this state?*

*Has your license to operate a motor vehicle ever been revoked? If yes, please explain.*

Have you ever been bonded?

*Has your bonding ever been revoked? If yes, please explain.*

*Have you ever been convicted of a felony or misdemeanor within the past 24 months, which resulted in imprisonment? If yes, please explain.*

*Have any of your Red Cross certifications ever been revoked? If yes, please explain.*

Why do you wish to volunteer with the American Red Cross (optional):

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.

Social Security Number:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Consent of parent/guardian for under age 18

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_