



American Red Cross

CHERS # _____

Greater Arkansas Chapter Volunteer Application

Please type or print this application (ink only).

Please furnish as much information as possible, keeping blank lines to a minimum.

Last Name:	First Name:	Middle Initial:	Gender: M F	Date of Birth:
Spouse Name (if Applicable):		SSN:		
Address:		City:	State:	ZIP:
Employer:	Occupation:	Work Phone:	Home Phone:	
Work Address:		Cell Phone:		
E-mail Address:		US Citizen: Y or N	Green Card #:	
Emergency Contact:		Relationship:		
Emergency Contact Address:		Contact's Phone Number(s):		
Driver License Number:		Expiration Date:		
Medical/Physical Limitations: (if None, please indicate)		Would you be willing to serve during a local disaster or national disaster?		
Race and military information is used only to determine the diversity of American Red Cross volunteers. Completion is optional. Please circle one that best applies:				
African American White Hispanic Asian American Indian/Alaskan Other:				
Are you fluent in any other languages? Y or N If yes please list:				
Have you ever served in a branch of the United State Armed Forces? Y or N			Date Discharged:	
Please list below any previous experience (volunteer, paid, etc.) you feel would be helpful to you in your volunteer work: Please list all your current licenses.				
Have you ever been convicted of or pled no contest to any crime (misdemeanor or felony), other than a non-moving traffic violation? Certain volunteer positions may require completion of a criminal background check.				
<i>List two persons (other than relatives) who know of your qualifications and/or background. List only one supervisor, if applicable:</i>				
<i>Name</i>	<i>Address</i>	<i>Phone Number</i>		
_____	_____	_____		
<i>Name</i>	<i>Address</i>	<i>Phone Number</i>		
_____	_____	_____		

Availability:

Please indicate the times you are available to volunteer. The best time to reach you by telephone is _____.

The best days for you to work are: ___ M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun

___ Daytime ___ Evenings ___ Weekdays ___ Weekends ___ As needed when *Help Can't Wait*

Please indicate the group or service that most interests you. This is not binding and does not lock you into a particular area. It only helps us determine where your interests are so we can match you with the best volunteer opportunity possible.

Community Development

- Chapter History (Research, Writing, etc.)
- Fund Raising
- Newsletter (Editor, Writer, etc.)
- Public Relations
- Special Events

Community Health Education

- Babysitting Instructor
- Bookstore Assistant
- Community Health Educator
- CPR/AED First Aid Instructor
- Data Entry

Disaster Services

- Community Disaster Education
- Data Entry
- Disaster Action Team
 - Canteen
 - Damage Assessment
 - Family Services
 - Shelter Operations
- Logistics

Armed Forces Emergency Services

- Caseworkers
- Military Families & Veterans
- Project Deserve Assistant
- Rental Assistance

Volunteer & Youth Services

- Informational Booth Volunteers
- Orientation Presenters
- Rapid Response Team Assistant
- Youth Council Advisor

General Services

- Office Worker
- Administration/Clerical
 - Yes, I can type. _____ words per minute
 - No, I can not type.
- Answering Phones
- Data Entry
- Word Processing
- Special Events

Recruitment Method

_____ Classified Ad _____ Employee Referral _____ Employment Service _____ Media

_____ Organization Referral _____ Volunteer Referral _____ Walk-in _____ School Credit

I understand the information I have provided is voluntary and may be used or disclosed for American Red Cross purposes and that, as a Red Cross volunteer, I will not be paid for my services. To the best of my knowledge, the above statements are true and agree to abide by the volunteer personnel policies and procedures of the Greater Arkansas Chapter.

Signature of Volunteer

Date