



Together, we can save a life

Olympic Peninsula Chapter

Serving Clallam and Jefferson Counties in Washington State

VOLUNTEER APPLICATION

PRC-0034-01-03-09

Date	Date of Birth	Age Group (14-18) <input type="checkbox"/> (19-24) <input type="checkbox"/> (25-64) <input type="checkbox"/> (65 and over) <input type="checkbox"/>
------	---------------	---

Contact Information

Last Name		First		Middle	
Home Address		Apt/Bldg	City		State
Business Address		Suite	City		State
Home Phone	Business Phone		Cell Number	Fax Number	E-Mail Address

My preferred mailing address is: Home address Business address

Employer	Occupation
----------	------------

Emergency Contact

Name	Day Phone	Evening Phone	Relationship
------	-----------	---------------	--------------

Experiences (include both paid and volunteer work experience, beginning with most recent)

Organization Name	Address	Phone
From To	Supervisor's Name/Title	

Organization Name	Address	Phone
From To	Supervisor's Name/Title	

Current Licenses and Certifications (other than those received through the Red Cross)

Type	Number	State	Expiration Date
Type	Number	State	Expiration Date

Education (highest level achieved)

Institution Name	City/State	Degree/Major	Date Attended
------------------	------------	--------------	---------------

Language Skill Proficiencies

Language: Speak: High Medium Low Read: High Med Low Write: High Med Low

Language: Speak: High Medium Low Read: High Med Low Write: High Med Low

Skills (please check up to four from the list)

Accounting <input type="checkbox"/>	Driving <input type="checkbox"/>	Journalism <input type="checkbox"/>	Teaching <input type="checkbox"/>
Administrative Support <input type="checkbox"/>	Events Coordination <input type="checkbox"/>	Management <input type="checkbox"/>	• CPR/FA/ICCPR <input type="checkbox"/>
Communications <input type="checkbox"/>	Filing <input type="checkbox"/>	Photography <input type="checkbox"/>	• Instructor Training <input type="checkbox"/>
Computer Support <input type="checkbox"/>	Financial Consultant <input type="checkbox"/>	Project Management <input type="checkbox"/>	• Health Services <input type="checkbox"/>
Counseling <input type="checkbox"/>	Fund Raising <input type="checkbox"/>	Public Relations <input type="checkbox"/>	Technical Writer <input type="checkbox"/>
Data Entry <input type="checkbox"/>	Graphic Design <input type="checkbox"/>	Public Speaking <input type="checkbox"/>	Volunteer Advisor <input type="checkbox"/>
			Other (specify) <input type="checkbox"/>

Availability

Monday AM <input type="checkbox"/>	Tuesday AM <input type="checkbox"/>	Wednesday AM <input type="checkbox"/>	Thursday AM <input type="checkbox"/>	Friday AM <input type="checkbox"/>
Monday PM <input type="checkbox"/>	Tuesday PM <input type="checkbox"/>	Wednesday PM <input type="checkbox"/>	Thursday PM <input type="checkbox"/>	Friday PM <input type="checkbox"/>

Previous Red Cross Experiences

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

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.

*Have you ever been convicted of a felony or misdemeanor?
If yes, please explain.*

Note: Volunteers will be precluded from service if the background check shows a court imposed penalty for a crime within the past 7 years from the date of disposition, release from jail or prison, or release from probation or parole, whichever occurs latest.

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):

In an effort to assure your safety and the safety of those we serve, the American Red Cross requires that all Red Cross employees and volunteers complete a background check prior to employment or registered volunteer service.

Signature: _____ **Date:** _____

Consent of Parent/Guardian for Applicant under Age 18

Name: _____ **Date:** _____

Signature: _____

STATISTICAL INFORMATION

The American Red Cross, in recognition of its responsibility to employees, volunteers, and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its practices, for all persons. The American Red Cross will not discriminate on the basis of race, color, religion, sex or national origin, or against any qualified handicapped individual, disabled veteran or veteran of the Vietnam era. The following information is requested only to determine the diversity of Red Cross volunteers.

While **Completion is optional**, it would be most helpful to us as we monitor the complete record of our program.

Gender: M F

Veteran: Yes No

Disabled: Yes No

Marital Status:
Married Single

Divorced Widowed

Ethnic group:

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Volunteer Application Addendum: *To be completed by individuals interested in teaching*

The purpose of this form is to provide background information. The form, along with *Volunteer Application*, should be completed before the first meeting of the Introduction to Health Services Education course and any instructor specialty course.

Name: _____				
I am applying for authorization to teach: _____ <small>(Name of Course)</small>				
Education:				
	Name of School	City/State	Dates (M/Y)	Diploma/Degree
Secondary:				
College or University:				
Continuing Education obtained within the last two years that pertains to the course(s) you wish to teach:				
<small>(Name of Continuing Education Courses)</small>				
Experience:				
Have you had teaching experience? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please complete the following:				
	Name of Organization: _____			
	Address: _____			
	Nature and date(s) of teaching experience: _____			
Have you had related work experience? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please complete the following:				
	Name of Organization: _____			
	Address: _____			
	Nature and date(s) of work experience: _____			
Licenses/Certifications				
Do you have a professional license? (e.g., R.N., M.D.) Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide License number and state(s) in which you are licensed				
License Number	State			
Are you certified as a Red Cross Instructor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please give the type of certification and dates				
Certification Type	Exp Date			
Goals and Plans				
My goals for taking the Introduction to Health Service Education and the subsequent instructor specialty courses are: _____ _____				
I plan to teach the following groups: _____				
Candidate's Agreement				
In return for the instructor training I receive, I agree to work with the Red Cross chapter in planning, teaching, and providing records and reports for the course in which I receive my training.				
_____			_____	
<small>(Signature)</small>			<small>(Date)</small>	
Endorsement of Candidate				
The Olympic Peninsula Chapter of the American Red Cross recommends _____ <small>(Name of Candidate)</small>				
As candidate for instruction. _____				
<small>(Signature of Chapter representative)</small>			<small>(representative title)</small>	
<small>(date)</small>				