

**American Red Cross, Russell County Chapter
Volunteer Application**

PLEASE READ CAREFULLY

Thank you for your interest in volunteer service with the American Red Cross, Russell County Chapter.

Since 1918, the Russell County Chapter has provided services to our community. Volunteers make it possible for the Chapter to serve more people within our area. We are always searching for new volunteers with time, energy and ideas to share.

Please complete the application, read and sign all attachments and certifications. Following the initial screening interview, you will be scheduled for volunteer orientation and training through the Volunteer Services Department.

Please note, effective February 1, 2006, all volunteers are required to undergo background checks.

Our Mission Statement

The American Red Cross, a humanitarian organization led by volunteers, guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies.

**Russell County Chapter
Volunteer Application**

General Information

Please circle one: Mr. Mrs. Miss Dr. Rev.			
Last Name		First Name	MI
Address		City	State ZIP
Home Phone () _____		Cell Phone () _____	
E-mail Address _____			

Emergency Contacts

Name _____	Phone _____
Name _____	Phone _____

Employment

Employer _____	Phone _____
Job Title _____	

Red Cross Experience/Training

Have you ever worked as a Red Cross volunteer or paid staff?	Yes _____	No _____
If yes, list first volunteer year: _____ Total years of volunteer service: _____		
Last Red Cross Chapter/Station to maintain your record: _____		
Contact at last Chapter: _____		
Indicate training courses that you hold Red Cross certification:		
Course: _____	Exp. Date: _____	
Course: _____	Exp. Date: _____	

Other Volunteer Experience

Agency _____	Dates: _____
Agency _____	Dates: _____

Availability for Volunteer Work

<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	I prefer: _____AM _____PM
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Interests (Check all that apply)

<input type="checkbox"/> Blood Services	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Community Education	<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Special Events
<input type="checkbox"/> Emergency (Disaster) Services	<input type="checkbox"/> Project SHARE	

Education/Training/Language Skills

High School	College	Graduate School	Vocational	Other
Professional Licenses: Type/Number		State	Exp Date	
Type/Number		State	Exp Date	
Fluent Languages (other than English): Speak _____ Read _____ Write _____				

Driver's License

Do you have a Driver's License?	Yes	State	DL#	No
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References

Name	Daytime Phone ()
Name	Daytime Phone ()

I understand and agree to the fact that this agreement is for participation with the Red Cross as a volunteer and that I will not be compensated for this work now or in the future. I have given the above information voluntarily, and I certify that all statements are true and correct. I understand that it will be used and disclosed for Red Cross purposes or to any party with legal and proper interest, and I release Red Cross for any liability whatsoever for supplying such information. I agree to abide by the volunteer personnel policies and procedures for the Russell County Chapter.

SIGNATURE _____ DATE _____

AMERICAN RED CROSS – RUSSELL COUNTY CHAPTER

Name _____

Statistical Information – Optional

Date of Birth:	Month_____Day_____Year_____		
Sex:	Male_____Female_____		
Ethnicity:	African American_____	American Indian/Native American_____	
	Asian/Pacific Islander_____	Hispanic_____	
	White_____	Other_____	
Military Service:	Yes_____No_____	Are you a veteran?	Yes_____No_____

Completion of this form is voluntary and will not affect your volunteer service with the American Red Cross. The information will be used to assure that our volunteer staff reflects the demographics of the community we serve.

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FOR OFFICE USE ONLY

Application Received _____ Date of Interview _____ Interviewer _____
Code of Conduct _____ Conf. Form _____ Background Check _____

Job/Department Assigned: _____ Date _____

ATLAS ID# _____ Date Entered _____

Atlas Training:

- _____ CAS Basics
- _____ CAS Create a Client Case
- _____ CAS Needs and Assistance
- _____ CAS Chapter Disaster Operations
- _____ CAS Reports
- _____ CAS Assistance Cards Caseworkers

- _____ LMS Basics
- _____ LMS Student Management
- _____ LMS Scheduling
- _____ LMS Enrolling
- _____ LMS Reports
- _____ LMS Commerce Management