



**LACKAWANNA COUNTY CHAPTER
VOLUNTEER APPLICATION**

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"/>
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Contact Information

Last Name		First		Middle	
Home Address		Apt/Bldg	City	State	Zip Code
Business Address		Suite	City	State	Zip Code
Home Phone	Business Phone	Cell Number	Fax number	E-Mail Address	
My preferred mailing address is : Home address <input type="checkbox"/> Business address <input type="checkbox"/>					
Employer			Occupation		

Emergency Contact

Name	Day Phone	Evening Phone	Relationship
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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
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Language Skill Proficiencies

Language:	Speak: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Language:	Speak: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Read: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Write: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> 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"/>	Technical Writer <input type="checkbox"/>
Communications <input type="checkbox"/>	Filing <input type="checkbox"/>	Photography <input type="checkbox"/>	Volunteer Advisor <input type="checkbox"/>
Computer Support <input type="checkbox"/>	Financial Consultant <input type="checkbox"/>	Project management <input type="checkbox"/>	Other (specify) <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 <input type="checkbox"/>	

Availability

<input type="checkbox"/> 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

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 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) :

If 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.

Signature: _____

Date: _____

Consent of Parent/Guardian for Applicant Under Age 18

Name: _____

Date: _____

Signature: _____

FOR OFFICE USE ONLY

- _____ Code of Conduct Signed
- _____ Driver Application Completed
- _____ CPT/First Aid Registered
- _____ Appointment with Department Director
- _____ Entered in Chers/People Serve??
- _____ Background Check Complete

Notes: