



Together, we can save a life

# VOLUNTEER APPLICATION

Napa County Chapter  
 1790 Third Street 1474 Oak Street  
 Napa, CA 94559 St Helena, CA 94574  
 (707) 257-2900 (707) 963-2717

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
Business Address		Suite	City		State
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: High  Medium  Low  Read:  High  Med  Low  Write:  High  Med  Low

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### Volunteer Opportunities: Check activities that interest you or skills you possess

Accounting <input type="checkbox"/>	Data Entry <input type="checkbox"/>	HIV/AIDS Education <input type="checkbox"/>	Teaching <input type="checkbox"/>
Administrative Support <input type="checkbox"/>	Disaster Education <input type="checkbox"/>	Journalism <input type="checkbox"/>	Technical Writer <input type="checkbox"/>
Armed Forces Emergency Services <input type="checkbox"/>	Disaster Services <input type="checkbox"/>	Marketing <input type="checkbox"/>	Volunteer Recruitment <input type="checkbox"/>
Communication Technology <input type="checkbox"/>	Driving <input type="checkbox"/>	Photography <input type="checkbox"/>	Web Page Design <input type="checkbox"/>
Computer Technology <input type="checkbox"/>	Event Coordination <input type="checkbox"/>	Project Management <input type="checkbox"/>	Water Safety <input type="checkbox"/>
CPR/First Aid Education <input type="checkbox"/>	Financial Analysis <input type="checkbox"/>	Public Relations <input type="checkbox"/>	Youth Programs <input type="checkbox"/>
Counseling <input type="checkbox"/>	Fund Raising <input type="checkbox"/>	Public Speaking <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
	Graphic Design <input type="checkbox"/>	Receptionist <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 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.

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:**

American Indian/Alaskan Native  Asian/Pacific Islander  Black/African American  Hispanic/Latino

Native Hawaiian/Other Pacific  White  Other