



## HEARTLAND CHAPTER

### Volunteer Application

PLEASE READ CAREFULLY

Thank you for your interest in the American Red Cross. **In order to have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered.** While we encourage you to attach a resume, please note that a resume will not substitute for completing any portion of this application. All information will be treated confidentially.

American Red Cross considers applicants for all volunteer positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status.

The **A**merican Red Cross...  
Always there...  
touching more lives,  
in new ways...  
under the same trusted symbol.

# THE MISSION OF THE AMERICAN RED CROSS

The American Red Cross is a humanitarian organization, led by volunteers, that provides relief to victims of disaster and helps people prevent, prepare for and respond to emergencies. It does this through services that are consistent with the congressional charter and the fundamental principles of the International Red Cross and the Red Crescent Movement

## The American Red Cross Values

Affirming our commitment to the Fundamental Principles of the International Red Cross and Red Crescent Movement, we pledge ourselves to these Values:

### HUMANITARIANISM

We exist to serve others in need, independently and without discrimination, providing relief for victims of disasters and helping people prevent, prepare for, and respond to emergencies.

### STEWARDSHIP

We act responsibly, effectively, and efficiently with resources entrusted to us, always seeking to improve.

### HELPING OTHERS

We are attentive and responsive to those we serve, always listening to their needs and looking for ways to serve through existing or new initiatives.

### RESPECT

We acknowledge, respect, and support the rights and diversity of each person in our organization and in the communities we serve.

### VOLUNTARY SPIRIT

We, as a family of donors, volunteers, and staff, search for ways to provide hope to those we serve while demonstrating compassion, generosity, and appreciation.

### CONTINUOUS LEARNING

We seek, collectively and individually, to identify, obtain, and maintain competencies and the awareness required for exceptional service.

### INTEGRITY

We act with honesty, demonstrate courage and accountability under pressure



# Volunteer Application

## General Information

Last		First		Middle Initial	
Home Address			City	State	Zip Code
Business Address			City	State	Zip Code
Home Phone ( )		Work Phone ( )		Other Phone ( )	
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:					
Emergency Contact		Emergency Contact Phone Home Business		Relationship to Volunteer	
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Birth		Email Address	

## Red Cross Affiliation

Are you now or have you ever been employed by the American Red Cross? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the location, title, department, and dates below:
Are you now or have you ever served as a Red Cross volunteer staff member? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list location, title, department, and dates below:
Have you ever held any Red Cross certification (e.g., Health & Safety instructor, DSHR member)? If yes, please list below :

## Record of Conviction and Revocations

Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
Are you licensed to operate a motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which state? _____ Has your license to operate a motor vehicle ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has your bonding ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below
Have any of your Red Cross certifications ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below

**Experience: (Include both paid and volunteer work experience, beginning with most recent)**

Organization Name		Address		City	State	Zip Code
Telephone No ( )		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Summary of duties:						
Reason for leaving:						
Organization Name		Address		City	State	Zip Code
Telephone No. ( )		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						
Organization Name		Address		City	State	Zip Code
Telephone No. ( )		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

**Education and Training**

High School Name		City	State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College and/or Technical School Name		City	State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major		Degree Earned		If degree not earned, years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other Training or Degrees School Name			City	State	
Major			Degree Earned		

**Professional Licenses**

Title	No.	State	Expiration Date
Title	No.	State	Expiration Date

**Skills**

<b>Second Languages (including Sign Language):</b>				<b>Fluency</b>				
Language	Written			Spoken				
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Volunteer Opportunities: Check activities which interest you or skills you possess			
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Disaster Action Team	<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Instructing/Teaching <input type="checkbox"/> Other _____
<input type="checkbox"/> Blood Drive Volunteer Greeter	<input type="checkbox"/> Disaster Services Human Resources	<b>SKILLS:</b>	
<input type="checkbox"/> Canteen Worker	<input type="checkbox"/> Driver	<input type="checkbox"/> Casework/Counseling	
<input type="checkbox"/> Community Disaster Education	<input type="checkbox"/> Blood Shuttle	<input type="checkbox"/> Fund Raising	
<input type="checkbox"/> Consultant	<input type="checkbox"/> Blood Distribution	<input type="checkbox"/> Grant Writing	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> In-house Driver (H&S)	<input type="checkbox"/> Health Screening	
<input type="checkbox"/> IT	<input type="checkbox"/> Health & Safety Instructor	<input type="checkbox"/> Nursing	
	<input type="checkbox"/> Response Call Center Agent	<input type="checkbox"/> Public Speaking	

Availability:						
<input type="checkbox"/> Long Term			<input type="checkbox"/> Short Term			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

**Check all that apply:**

- |                                                                   |                                                            |
|-------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Female                                   | <input type="checkbox"/> Male                              |
| <input type="checkbox"/> White, not Hispanic                      | <input type="checkbox"/> Asian or Pacific Islander         |
| <input type="checkbox"/> Black, or African-American, not Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic or Latino                       |                                                            |

Have you ever been discharged or asked to resign from a job or volunteer position?  No  Yes If yes, explain:

The American Red Cross Heartland Chapter, Omaha, Nebraska, has my permission to inquire into my educational background, reference, driving record, employment history, volunteer history and/or police records (including contact with probation/diversion officer). I further give permission to the holder of any such records to release the same to the American Red Cross, Heartland Chapter, Omaha, Nebraska.

I hereby hold the American Red Cross harmless of any liability, whether civil or criminal, that may arise as a result of the release of the 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, Heartland Chapter, Omaha, Nebraska will use this information as part of its verification of my volunteer application.

I wish to donate my services to the American Red Cross and understand there is no payment for services rendered. I understand that my likeness or voice may be recorded and used in Red Cross publication or for other Red Cross promotional purposes. I agree to abide by the rules, regulations and policies of the American Red Cross and maintain confidentiality of information I may learn through my service. If I do not abide by these rules, regulations and policies or violate confidentiality, I may be terminated from the program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

ID #	Date	Entered By
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Volunteer Job	Department	Location	Line of Service

Comments: