



NWNC Chapter American Red Cross Youth Volunteer Application

Date _____

1. Full Name: Last _____ First _____ Middle _____

2. Date and Place of Birth: _____

3. Social Security Number *(for filing purposes only)* _____

4. Present Address: _____
Street City State Zip

5. Permanent Address: _____
(if student) Street City State Zip

6. E-Mail Address: _____

7. Home Phone: _____ 8. Cell Phone: _____

9. Availability (Please list hours/days/a.m./p.m. you are available to volunteer):

10. Do you have any physical or mental condition which may limit your ability to serve as a volunteer?
_____ Yes _____ No

If yes, please describe:

11. Have you ever been convicted of a crime? _____ Yes _____ No
If yes, please describe:

Do you object to our agency checking with appropriate authorities (police, courts, D.M.V., etc.) for matters of public record regarding your background or history?

_____ Yes _____ No

12. Do you have a preference for the service in which you would like to volunteer?
(Circle all that apply)

- a. Emergency/Disaster Services
- b. Health and Safety Services
- c. Financial Development/Fundraising
- d. Volunteer Services
- e. Blood Services
- f. Special Events
- g. General Office
- h. Other _____

13. Have you ever volunteered with the American Red Cross?
_____ Yes _____ No

If yes, please list Chapter name and state: _____

Total years with previous Chapter: _____

Total years with Red Cross: _____

14. Where else do you volunteer and how long have you been volunteering there? Or, if you no longer volunteer at an agency, why not? _____

15. Are you a student? _____ Yes _____ No

16. If so, name of School: _____

17. School Address: _____

18. How long have you been attending this school? _____

19. American Red Cross work location preferred: (Circle all that apply)

Davie Co. Forsyth Co. Stokes Co. Yadkin Co.

20. Emergency Contact Information:

Name: _____

Relationship to You: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Nighttime Phone: _____

21. **LIST TWO CHARACTER REFERENCES** who have known you for over one year. These persons should know you well and be in a position to evaluate your qualifications as a Red Cross volunteer. *Do not include family members.* Please include your employer.

	Name and Mailing Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Do you give permission to the staff of the American Red Cross to check any and/or all of the references listed above? _____ Yes _____ No

Please have your sign your name to indicate your agreement : _____

22. Health problems, needs or allergies staff should know about in case of emergency while volunteering for Red Cross? _____

The following two questions are optional to answer.

These questions help us gather information required by National Headquarters as a part of our efforts to promote diversity.

23. Gender: Male/Female (Please circle)

24. Ethnicity: (circle one) African American
American Indian
Asian or Pacific Islander
Caucasian
Hispanic
Other, _____