



**American  
Red Cross**

## Volunteer Application

<b>Name</b>						
Last	First	Middle	Nickname			
<b>Address</b>						
Street	City		State	Zip		
<b>Contact Info</b>						
Home	Cell	Email				
<b>Emergency Contact</b>						
Name	Relationship		Phone			
<b>Present Employer</b>						
Company	Position	Phone	Start Date			
<b>Previous Employment</b>						
Company	Position	Phone	Dates			
Company	Position	Phone	Dates			
<b>Volunteer Experience</b>						
Organization	Position		Dates			
Organization	Position		Dates			
<b>Education</b>						
School	Specialty/Major					
School	Specialty/Major					
<b>Foreign Language or Other Skills</b>						
<b>Interests</b>						
<input type="checkbox"/> Disaster Action Team – DAT (Local) <input type="checkbox"/> Disaster Services Human Resources – DSHR (National, State and Local) <input type="checkbox"/> Military Services Caseworker (Local) <input type="checkbox"/> Community Disaster Education <input type="checkbox"/> Operations Administrative Support		<input type="checkbox"/> Grant Writing <input type="checkbox"/> Newsletter Writing <input type="checkbox"/> Special Events and Projects <input type="checkbox"/> Data Entry <input type="checkbox"/> Flu Shot Clinics <input type="checkbox"/> Volunteer Coordinator		<input type="checkbox"/> First Aid Stations <input type="checkbox"/> Health & Safety Instructor <input type="checkbox"/> Family Caregiving Instructor <input type="checkbox"/> Office Assistant <input type="checkbox"/> Public Speaking <input type="checkbox"/> Board Members		
<b>Availability</b>						
___ Short Term		___ Continuing basis		___ Schedule varies		
___ Monday	___ Tuesday	___ Wednesday	___ Thursday	___ Friday	___ Saturday	___ Sunday
day or evening	day or evening	day or evening	day or evening	day or evening	day or evening	day or evening
<b>How did you hear about Red Cross volunteer opportunities?</b>						
___ Red Cross employee	___ Red Cross volunteer	___ Radio	___ Television	___ Walk-in	___ Internet	___ Other (please specify)

**Personal References**

Please list two persons who know your qualifications and or background experience. Do not list relatives. Reference checks will be contacted by phone during regular business hours. Please notify individuals that Red Cross will be contacting them regarding your interest to become a volunteer.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Other phone \_\_\_\_\_ Known how long \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Other phone \_\_\_\_\_ Known how long \_\_\_\_\_

**Volunteer Information**

Volunteers are considered for all positions and treated without regard to race, color, religion, gender, national origin, age, medical condition or disability. The information in this box is used to determine the diversity of Red Cross volunteers. Completion is optional, however, it would be most helpful to us in developing a complete record of our program.

Gender: \_\_\_ Male \_\_\_ Female Date of birth \_\_\_\_\_

Ethnicity: \_\_\_ African American \_\_\_ White \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian/Pacific Islander

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 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.

\_\_\_\_\_  
 Name (please print) Signature Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Responded: \_\_\_\_\_ Initials: \_\_\_\_\_

*Return completed application to the nearest office:*

**Jamestown, ND**

Buffalo-Valley Chapter  
 300 2<sup>nd</sup> Ave NE, Suite 213  
 PO Box 944  
 Jamestown, ND 58402  
 Office: 701-252-3550

**Minot, ND**

Mid-Dakota Chapter  
 PO Box 456  
 Minot, ND 58702  
 Office: 701-852-2828

**Fargo, ND**

Minn-Kota Chapter  
 Fargo Office  
 2602 12<sup>th</sup> Street North  
 Fargo, ND 58102  
 Office: 701-364-1800

**East Grand Forks, MN**

Minn-Kota Chapter  
 East Grand Forks Branch  
 1708 River Rd NW  
 East Grand Forks, MN 56721  
 Office: 218-773-9565

**Fergus Falls, MN**

Minn-Kota Chapter  
 Fergus Falls Branch  
 221 West Cavour Ave  
 Fergus Falls, MN 56537  
 Office 218-736-3481

**Bismarck, ND**

West Dakota Chapter  
 4007 State Street  
 Bismarck, ND 58503  
 Office: 701-223-6700

**Dickenson, ND**

West Dakota Chapter  
 Dickinson Branch  
 1173 Third Ave West, #18  
 Dickinson, ND 58601  
 Office: 701-483-8704

*Thank you for your interest in volunteering. After receiving your application, you will be contacted to schedule an interview.*