



Together, we can save a life

VOLUNTEER APPLICATION FORM

Fort Stewart GA

Last Name	First	Middle	
Home Address	City	State	Zipcode
Business Address	City	State	Zipcode
Home Phone	Business Phone	Fax Number	E-Mail Address

Experience: (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	
Organization Name	Address	Phone
From _____ To _____	Supervisor's Name/Title	

Current License(s)

Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:

Education and Training (begin with most recent)

Institution Name	City/State	Degree/Major	Date Attended

Fluent Language Skills (include sign language)

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Volunteer Opportunities: Check activities which interest you or skills you possess

<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Document Processing Asst.	<input type="checkbox"/> Gifts Administration/Donors Associate	<input type="checkbox"/> QA Records Assistant
<input type="checkbox"/> Asst. Budget Analyst	<input type="checkbox"/> Electrical Engineer/Inspector	<input type="checkbox"/> Labor Participation Intern	<input type="checkbox"/> Research Assistant
<input type="checkbox"/> Communications Asst	<input type="checkbox"/> Events Coordinator	<input type="checkbox"/> Mechanical Engineer Inspector	<input type="checkbox"/> Systems Analyst
<input type="checkbox"/> Computer Aided Design (CAD)Operations Supt.	<input type="checkbox"/> Exhibits/Collections Assistant	<input type="checkbox"/> Military Aid Case Worker	<input type="checkbox"/> Training/Development Asst.
<input type="checkbox"/> Data Analyst	<input type="checkbox"/> Financial Consultant	<input type="checkbox"/> Project Engineer/Management	<input type="checkbox"/> Technical Writer or Information Systems Analyst
<input type="checkbox"/> Development Systems	<input type="checkbox"/> Field Designer/Engineer		<input type="checkbox"/> Volunteer Advisor
	<input type="checkbox"/> Fund Raising Associate		<input type="checkbox"/> Other _____

Availability: <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term					
<input type="checkbox"/> Monday <small>Morning/Afternoon</small>	<input type="checkbox"/> Tuesday <small>Morning/Afternoon</small>	<input type="checkbox"/> Wednesday <small>Morning/Afternoon</small>	<input type="checkbox"/> Thursday <small>Morning/Afternoon</small>	<input type="checkbox"/> Friday <small>Morning/Afternoon</small>	
Emergency Contact Information:					
Name	Relationship	Address	Phone		
Previous Red Cross Experience:					
Have you ever worked as a Red Cross employee? <i>If Yes, Give position, dates, and location.</i>				Yes	No
Have you ever worked as a Red Cross volunteer?				Yes	No
Have you ever held any Red Cross certification (e.g., Health & Safety instructor, DSHR member)? <i>If yes, please list.</i>				Yes	No
A “yes” answer to the following italicized questions will not necessarily disqualify any applicant.					
Are you licensed to operate a motor vehicle in this state?				Yes	No
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>				Yes	No
Have you ever been bonded?				Yes	No
<i>Has your bonding ever been revoked? If yes, please explain.</i>				Yes	No
<i>Have you ever been convicted of a felony, or misdemeanor within the past 24 months, that resulted in imprisonment? If yes, please explain.</i>				Yes	No
<i>Have any of your Red Cross certifications ever been revoked? If yes, please explain.</i>				Yes	No
Why do you wish to volunteer with the American Red Cross <i>(optional)</i> :					

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.

Name—Please Print

Social Security Number

Signature

Date

Witness

Date

AMERICAN INDIAN OR ALASKA NATIVE: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a cultural identification through tribal affiliation or community recognition.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. The Indian subcontinent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.

BLACK or AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, Central or South American countries and who are of Spanish origin, descent or culture. The category does not include persons from Portugal, who should be classified according to race.

NATIVE HAWAIIAN: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

STATISTICAL INFORMATION

This unit of the American Red Cross, in recognition of its responsibility to this paid and volunteer staff and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its employment practices, for all persons. We will not discriminate on the basis of race, color, religion, sex or national origin, nor against any qualified handicapped individual, disabled veteran, or veteran of the Vietnam era. The following information is requested solely to determine the diversity of Red Cross volunteers. **Completion is optional;** However, 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_____

Ethnic group: Black___ Hispanic___ Asian/Pacific Islander___ White
 American Indian/Alaskan Native___ Other

Are you affiliated with an organized labor organization: Yes_____ No_____

If yes, which one?

Date of Birth_____ or [18 and under___ 19-24_____ 25+_____]

AMERICAN RED CROSS CODE OF CONDUCT

Introduction

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American Red Cross has traditionally demanded and received the highest ethical performance from its volunteers and paid staff. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer services required by those in need, the American Red Cross operates under the following Code of Conduct, applicable to all paid and volunteer staff.

Code of Conduct

No paid or volunteer staff member shall:

- a. Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of the American Red Cross.
- b. Accept or seek, on behalf of himself or any other person, any financial advantage or gain of other than nominal value which may be offered as a result of the volunteer's or paid staff's affiliation with the American Red Cross.
- c. Publicly utilize any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official position of the American Red Cross.
- d. Disclose any confidential American Red Cross information that is available solely as a result of the volunteer's or paid staff member's affiliation with the American Red Cross to any person not authorized to receive such information, or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.
- e. Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- f. Operate or act in any manner that is contrary to the best interests of the American Red Cross.

In the event that the volunteer's or paid staff's obligation to operate in the best interests of the American Red Cross conflicts with the interests of any organization in which the individual has a financial interest or affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in any decisions or voting in connection with the matter.

**AMERICAN RED CROSS
CODE OF CONDUCT**

CERTIFICATION

I, _____ certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it. I affirm that, except as listed below, I have no financial interest or affiliation with any organization that may have interests that conflict with, or appear to conflict with the best interests of the American Red Cross. Should such conflicts or apparent conflicts of interest arise in connection with the affiliations listed below, I agree to refrain from participating in any deliberations, decisions or voting related to the matter.

I also agree, during the term of my affiliation with the American Red Cross, to report promptly to the chairman of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the American Red Cross.

Date

Name and Title

Signature

Address

Social Security Number