Print Form

American Red Cross

Together, we can save a life

VOLUNTEER APPLICATION
Cornhusker Chapter

Dir. Volunteer Services, P.O. Box 83267, Lincoln NE 68501 402-441-6384 FAX 402-441-7016

Date	Date of Birth	County of residence

Last Name	First	Middle	Maiden/Prior

Home Address	Apt/Bldg	City	State	Zip Code

Mailing Address (If Different from Above)	Apt/Bldg	City	State	Zip Code

Home Phone	Business Phone	Cell Phone	E-Mail Address

Employer	Occupation

Emergency Contact

Name	Phone	Relationship

Street Address	Apt/Bldg	City	State	Zip Code

Experience (Please relate any experience you feel would help make you a successful Red Cross volunteer.)

Current Professional/Trade License(s)

Type	Number	State	Expiration Date

Education (Students indicate current school)

Institution Name	City/State	Degree	Date Attended/Anticipated Graduation Date

Other Skills (Computer, etc.)

Volunteer Opportunities (please check all that interest you

- ☐ CPR/First Aid Ed.
- ☐ Water Safety
- ☐ Disaster Services
- ☐ First Aid Team
- ☐ Special Events/Projects
- ☐ Data Entry
- ☐ Public Relations
- ☐ Administrative
- ☐ Fund Raising
- ☐ Other _____
- ☐ Speakers Bureau

I wish to work in the following county/community:

References: (other than family members):

Name	Occupation	Phone	Email
1. _____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____

Previous Red Cross Experience

Have you ever worked as a Red Cross volunteer? (If yes, give function, dates, and locations.)

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.

Are you licensed to operate a motor vehicle in this state?

Has your license to operate a motor vehicle ever been revoked?

Have you been convicted of a felony or misdemeanor within the past 7 years? If yes, please explain. Official records are checked for all applicants.

How did you learn about becoming an American Red Cross volunteer?

I do hereby give the American Red Cross permission to inquire into my educational background, references, driving record, criminal background check, 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:** _____

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 solely 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 ☐