

# *Reference & Background Checks*

## **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.** 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



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## Volunteer Application

### General Information

Last		First		Middle Initial		
Street 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:						
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes						

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

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

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

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I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal as a volunteer regardless when they are discovered. I understand that I am not applying for employment with the American Red Cross, but rather a volunteer position which can be terminated at any time by me or the American Red Cross.

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



Together, we can save a life

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## Invitation for Self-Identification for Applicants

The American Red Cross is an equal opportunity employer. In recognition of its responsibility to its paid and volunteer staff, and the community it serves, the Red Cross affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, the Red Cross must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application for employment or employment with the Red Cross. This information will be kept in confidence and will not accompany your application to the prospective supervisors. Please contact the EEO Office if you have any questions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Check all that apply:**

Female

Male

White, not Hispanic

Asian or Pacific Islander

Black, or African-American, not Hispanic

American Indian or Alaskan Native

Hispanic or Latino