



American Red Cross of Northeast Massachusetts

Serving: Amesbury, Beverly, Byfield, Essex, Gloucester, Hamilton, Ipswich, Manchester by-the-Sea, Newbury, Newburyport, Rockport, Rowley, Salisbury, Wenham, West Newbury

100 Cummings Center, Suite 235-E
Beverly, MA 01915
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Area Office:
31 Green Street
Newburyport, MA 01950
Telephone: 978-462-8243 ♦ Fax: 978-465-1407

www.northeastmassredcross.org

VOLUNTEER APPLICATION (ARC 3317)

Last Name		First	Middle	
Home Address		City	State	Zip code
Business Address		City	State	Zip code
Home Phone	Business Phone		E-Mail Address	Fax Number
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)				
Volunteer Opportunities: Check Activities Which Interest You or Skills You Possess				
<input type="checkbox"/> Administrative <input type="checkbox"/> Armed Forces Emergency Services <input type="checkbox"/> Blood Services <input type="checkbox"/> Casework <input type="checkbox"/> Communications <input type="checkbox"/> CPR/First Aid Education <input type="checkbox"/> Development <input type="checkbox"/> Disaster Education <input type="checkbox"/> Disaster Services <input type="checkbox"/> Finance <input type="checkbox"/> First Aid Stations <input type="checkbox"/> Fund Raising <input type="checkbox"/> HIV/AIDS Education <input type="checkbox"/> Hospital Services <input type="checkbox"/> International Humanitarian Law Training <input type="checkbox"/> International Services <input type="checkbox"/> Leadership <input type="checkbox"/> Marketing <input type="checkbox"/> Public Relations <input type="checkbox"/> Special Events/Projects <input type="checkbox"/> Teaching <input type="checkbox"/> Tele-recruitment <input type="checkbox"/> Tracing <input type="checkbox"/> Water Safety <input type="checkbox"/> Word Processing <input type="checkbox"/> Youth Programs <input type="checkbox"/> Other:				

Availability:		
<input type="checkbox"/> Monday Morning/Afternoon/Evening	<input type="checkbox"/> Tuesday Morning/Afternoon/Evening	<input type="checkbox"/> Wednesday Morning/Afternoon/Evening
<input type="checkbox"/> Thursday Morning/Afternoon/Evening	<input type="checkbox"/> Friday Morning/Afternoon/Evening	<input type="checkbox"/> Saturday Morning/Afternoon/Evening
Are you available for a short-term project?		Yes No
Emergency Contact Information:		
Name	Relationship	Address Phone
Previous Red Cross Experience:		
Have you ever worked as a Red Cross volunteer? <i>If Yes, Give Position, Dates, and Location.</i>		Yes No
Have you ever worked as a Red Cross employee?		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
Has your license to operate a motor vehicle ever been revoked? <i>If yes, please explain.</i>		Yes No
Have you ever been bonded?		Yes No
Has your bonding ever been revoked? <i>If yes, please explain.</i>		Yes No
Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? <i>If yes, please explain.</i>		Yes No
Has any of your Red Cross certification ever been revoked? <i>If yes, please explain.</i>		Yes No
Why do you wish to volunteer with the American Red Cross <i>(optional)</i> :		

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the American Red Cross permission to inquire into my educational background, references, employment, and/or volunteer history, driving record, police records. 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