

I.D. # _____

Volunteer Application

American Red Cross Midland/Gladwin Chapter
220 W. Main, Midland, MI 48640 (989) 631-3262
234 W. Cedar, Gladwin, MI 48624 (989) 426-7732

Jennifer Parks, Development Director—jparks@redcross-midglad.org

MANDATORY BACKGROUND CHECK REQUIRED

Date _____

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ M.I. _____

Title (circle one) Mr. Mrs. Ms. Miss Dr. Rev. Suffix (i.e. RN, Jr., PhD) _____

Preferred Name (name that you wish to be addressed) _____

Driver's License/ID _____ DOB _____ Sex _____ M _____ F

Spouse's Name (if applicable) _____ Is Spouse An ARC Volunteer? YES _____ NO _____

Home Address _____
STREET CITY STATE ZIP COUNTY

Business Address

Name of Business _____ Title _____

STREET CITY STATE ZIP

Mail Address Preference? Home _____ Business _____

Home Phone # _____ Business Phone # _____

Fax # _____ E-Mail # _____

In Case of Emergency, Please Notify _____ Relationship _____

ADDRESS CITY STATE ZIP TELEPHONE #

Have you volunteered for the Red Cross in the past? YES _____ NO _____ First Year _____

Chapter name(s)/location(s) _____

Years of service at location(s) _____ Total years of service _____

Are you volunteering for community service/court ordered? (Check) YES _____ NO _____

Are you volunteering for credit other than for school? (Check) YES _____ NO _____

Veteran? YES _____ NO _____ Veteran of a conflict? YES _____ NO _____

If Veteran of conflict(s), please specify which one(s) _____

Educational Background (Highest Level of Completion)

Institution _____ Major Course of study _____

Degree _____ Advanced Degree _____

Are you a student? ____ YES ____ NO Current school _____

AMERICAN RED CROSS POSITION ON DIVERSITY: We value diversity and recognize that by harnessing the power of our collective similarities and differences the Red Cross is better able to deliver on its mission to "...provide relief to victims of disasters and help people prevent, prepare for and respond to emergencies." We demonstrate our commitment to this ideal by being open and inclusive as we leverage the strength found in the rich diversity of our volunteers, employees, vendors and business and community partners.

Optional:

Please check your ethnic background: ____ Caucasian ____ African American ____ Latino ____ Asian or Pacific Islander
____ American Indian ____ other, please specify _____

Age Group: Under 18 ____ 18 - 25 ____ 26 - 35 ____ 36 - 45 ____ 46 - 55 ____ 56 - 65 ____ Over 65 ____

Do you have physical limitations or disabilities? YES ____ NO ____

If yes, please indicate - (check) ____ Visual ____ Hearing ____ Mobility ____ Mental/Emotional
____ OTHER (please explain) _____

What brought you to the American Red Cross to do your volunteering?

- | | | |
|------------------------------|-----------------------|----------------------|
| ____ Blood Donor | ____ Friend | ____ Walk-In |
| ____ Newspaper/Classified Ad | ____ Work Credit | ____ Work Experience |
| ____ Counselor | ____ Court Ordered | ____ Social Contact |
| ____ Group Presentation | ____ Volunteer Center | |

Please check all areas of interest

- | | | |
|----------------------------|---------------------------|----------------------------------|
| ____ Assist with mailings | ____ Service to Military | ____ Red Cross Youth Activities |
| ____ Clerical/Receptionist | ____ Instructors/Teaching | ____ Youth First Aid Instructor |
| ____ Casework/Counseling | ____ Information Booths | ____ Other, Please specify _____ |
| ____ Disaster Services | ____ Planning Board | |

References:

Please list two adults, who are not related to you, as references we can contact:

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Relationship _____	Relationship _____