



**American
Red Cross**

American Red Cross of the Mohawk Valley

Herkimer Office

235 N. Prospect St.
Herkimer, NY 13350
Phone: (315) 866-2890
Fax: (315) 866-6953

Utica Office

1415 Genesee St.
Utica, NY 13501
Phone: (315) 733-4666
Fax: (315) 735-7149

www.redcrossmv.org

VOLUNTEER APPLICATION

Mission:

The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for and respond to emergencies.

Fundamental Principles:

Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity, Universality

Volunteer Contact Information

Last Name: _____ First Name: _____ MI: _____ Suffix: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Email: _____ Text Messaging: Yes No

Emergency Contact: _____ Relationship: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

Skills, Interests and Life Experience

High School College: _____ Degree: _____
 Bus./Voc: _____ Student: Yes No
Language(s) Other Than English: _____
 Speak: _____ Read: _____ Write: _____
Life Experience/Skills: _____

License(s)

Drivers License # _____ State: _____ Exp. _____ Chauffeur's: Yes No

Other Licenses: (include nurse, EMT, and professional licenses)

Type/Number: _____ Exp. Date: _____

Type/Number: _____ Exp. Date: _____

Line of Service Interests

<input type="checkbox"/> Admin./Office	<input type="checkbox"/> Blood Services	<input type="checkbox"/> Disaster Services
<input type="checkbox"/> Events/Fundraising	<input type="checkbox"/> Health & Safety Services	<input type="checkbox"/> International Services
<input type="checkbox"/> Ombudsman Service	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Service to Armed Forces
<input type="checkbox"/> Youth Services		

Location Preference

Herkimer Utica Both

Comments

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Voluntary Information

All Volunteers are considered for all positions and treated without regard of race, color, religion, sex, national origin, marital status or veteran status, medical condition or disability. The information in this box is used to determine the diversity of Red Cross volunteers. Completion is optional; however, it would be helpful to us in developing a complete record of our program.

Gender: M F **Date of Birth:** _____ Employed Retired Student

Ethnic Group: African American Asian Caucasian Hispanic
 Native American Pacific Islander Other

Have you ever been a Red Cross Volunteer? Yes No

If yes, Where/ Dates: _____

I certify that all statements and representations are true and correct, to the best of my knowledge. I authorize verification of all statements and screenings including but not limited to driver’s license, criminal background and personal reference checks. I understand that I am not an employee and will not be paid for my services as a Red Cross volunteer.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____