



Blount County Chapter

VOLUNTEER APPLICATION

Date		Date of Birth	Age Group (14-17) <input type="checkbox"/> (18-24) <input type="checkbox"/> (25-54) <input type="checkbox"/> (55+) <input type="checkbox"/>		
Last Name		First Name		Middle Name	Maiden or Prior Name
Home Address		Apt/Bldg	City	State	Zip Code
Mailing Address (If Different from Above)		Suite/Apt/Bldg	City	State	Zip Code
Home Phone	Business Phone	Cell Phone	Fax Number	E-Mail Address	
Employer			Occupation		
Employer Address		Suite	City	State	Zip Code
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 License(s) - Including Drivers License State and Number					
Type		Number	State	Expiration Date	
Type		Number	State	Expiration Date	
Education (Students indicate current school)					
Institution Name		City/State	Degree/Major	Dates Attended/Graduated	
Fluent Language Skills (Include sign language)					
Other Skills (Computer, etc.)					
Volunteer Opportunities (Please check all that interest you)					
<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Chapter House	<input type="checkbox"/> Special Events/Projects	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Teaching _____	<input type="checkbox"/> Fundraising	Volunteer Orientation _____		
<input type="checkbox"/> Water Safety	<input type="checkbox"/> Case work	<input type="checkbox"/>	Assigned Job _____		
<input type="checkbox"/> Community Services	<input type="checkbox"/>	<input type="checkbox"/>	_____		
application revised 11-10-2006					

Availability <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term
<input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Previous Red Cross Experience
Have you ever worked as a Red Cross employee? (If yes, give position, dates, and location.)
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.
<i>Are you licensed to operate a motor vehicle in this state?</i>
<i>Has your license to operate a motor vehicle ever been revoked? If yes, please explain.</i>
<i>Have you ever been bonded?</i>
<i>Has your bonding ever been revoked? If yes, please explain.</i>
<i>Have you ever been convicted of a felony or misdemeanor?; If yes, please explain.</i>
<i>Have any of your Red Cross certifications ever been revoked? If yes, please explain.</i>
Why do you wish to volunteer with the American Red Cross (optional): _

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.

- Gender:** M F
Veteran: Yes No
Disabled: Yes No
Ethnic group: Black Hispanic Native Hawaiian/Other Pacific Asian
 White American Indian/Alaskan Native Other (describe):

Volunteer Consent for Release of Background Information

I do hereby give the American Red Cross permission to inquire into my educational background, driving record, police records, 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. All information is confidential.

Name (print) _____

Social Security Number _____

Signature _____

Date _____

Parent (s) or Legal Guardian Permission if above individual is a minor

Name (print) _____ Name (print) _____

Signature _____ Signature _____

Date _____ Date _____

I acknowledge I am aware a copy of the Volunteer Handbook is located at the Blount County Chapter Red Cross and on the web site <http://gso.redcross.org>

Signature _____ Date _____

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Please return completed forms to:

**American Red Cross, Blount County Chapter
1741 Triangle Park Drive
P.O. Box 4939
Maryville, TN 37802**

Phone: (865) 983-0821

Fax: (865) 983-0826

CODE OF CONDUCT

Introduction

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American Red Cross has traditionally demanded and received the highest ethical performance from its volunteers and paid staff. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer services required by those in need, the American Red Cross operates under the following Code of Conduct, applicable to all volunteers and paid employees.

- Code of Conduct**
- All volunteers or/and employees are prohibited from:
1. Authorizing the use of, or use for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the American Red Cross, except in conformance with American Red Cross policy.
 2. Accepting or seeking on behalf of himself or herself, or any other person, any financial advantage or gain of other than nominal value which may be offered as a result of the volunteer's or paid employee's affiliation with the American Red Cross.
 3. Publicly utilizing any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official position of the American Red Cross.
 4. Disclosing any confidential American Red Cross information that is available solely as a result of the volunteer's or paid employee's affiliation with the American Red Cross to any person not authorized to receive such information, or use to disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.
 5. Knowingly taking any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
 6. Operating in any manner that is contrary to the best interests of the American Red Cross.

In the event that the volunteer's or paid staff's obligation to operate in the best interest of the American Red Cross conflicts with the interests of any organization in which the individual has a financial interest or affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in any decisions or voting in connection with the matter.

Code of Conduct Certification

I, _____, certify that I have read and understand the Code of Conduct of the American Red Cross and agree to comply with it. I affirm that, except as listed below, I agree to refrain from participating in any deliberations, decisions, or voting related to the matter.

I also agree, during the term of my affiliation with the American Red Cross, to report promptly to the Chief Executive Officer of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interest of the American Red Cross.

Signature _____ Name and Title (please print)

Date _____ Address _____

I have a financial interest or an affiliation with: _____

<p>TO BE COMPLETED BY INTERVIEWER:</p> <p>Referred To: _____</p> <p>Placement: _____</p> <p>Remarks: _____</p> <p>Signature of Interviewer: _____</p> <p>Date: _____</p>

