



American Red Cross

Lenoir County Chapter

Together, we can save a life Volunteer Application

Section A - Address and Contact Information

Name	_____	Phones	_____
Address	_____	Home	_____
	_____	Work	_____
Email	_____	Cell	_____

Section B - Emergency Contact Information

Emergency Contact Information	
Name	_____ Phone _____
Relationship to you _____	

Section C - Statistical Information

Statistical Information (this information is used for American Red Cross recordkeeping only)			
Sex	_____	Age	_____ Birthdate _____
Ethnicity (please circle one)			
American Indian/Native Alaskan		American Pacific Islander	
African American		Hispanic	
Caucasian		Other	

Section D - Volunteer Interests

Who is your current employer? _____			
May we contact you at work? Yes _____ No _____			
Please circle all areas that you are interested in volunteering for:			
Blood Services	Disaster Services	Health and Safety Services	
Office/Clerical	Board Member	Armed Forces Emergency Services	
Please list any licenses or certifications that you hold (RN, LPN, MD, Social Worker, etc)			
Description	License Number	State	Expiration Date
Please list any previous experience with the American Red Cross including descriptions and dates			
Please list any special skills that you have			

For Office Use only			
Date Received	_____	Date Interviewd	_____
LOS Assigned to	_____	Database ID	_____

Please return to 1500 N. Queen Street, Kinston NC, 28501 or volunteers@lenoirredcross.org

Please list three persons willing to provide a reference for you. Preferably, please include at least one former employer. Please refrain from listing family members in this section.

Name	_____
Address	_____
Phone	_____
Relationship	_____

Name	_____
Address	_____
Phone	_____
Relationship	_____

Name	_____
Address	_____
Phone	_____
Relationship	_____

Have you been convicted of a misdemeanor that resulted in imprisonment in the past 24 months or convicted of a felony in the past 5 years? Yes No

If so please explain:

Conviction doesn't automatically disqualify you from volunteering. Each situation will be evaluated on a case by case basis, and each applicant will be treated with respect, courtesy, understanding dignity and honesty.

By signing below, I certify that I have answered all of these questions truthfully to my knowledge. I also grant my consent for the Lenoir County Chapter of the American Red Cross to initiate a background check on me, including requesting information from listed personal references, a criminal background check and, if necessary, obtaining a driving record. I understand that this information will be used to place me in an appropriate volunteer position, and that none of the gathered information will be shared with others outside of the Chapter Management Staff and Board of Directors as necessary.

Signature

Date