



# American Red Cross

Central Maryland Chapter  
 Red Cross Blood Services  
 Greater Chesapeake and Potomac Region  
 4700 Mount Hope Drive  
 Baltimore, MD 21215  
 410-764-4602

Dept.	_____
Position	_____
Photo ID	_____
CHERS Entry	_____
Start Date	_____
Staff	_____

## Volunteer Application

PLEASE PRINT

Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Mrs. \_\_\_\_\_

\_\_\_\_\_ (last name)      \_\_\_\_\_ (first name)      \_\_\_\_\_ (middle initial)

Home Phone: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Ok to call at work?    Yes    No

\_\_\_\_\_ Residence Street Address      \_\_\_\_\_ City      \_\_\_\_\_ County      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

How did you hear about Red Cross volunteer opportunities? \_\_\_\_\_

Are you required to serve volunteer hours?    Yes    No      If yes, how many hours? \_\_\_\_\_

Required by: \_\_\_\_\_

### EDUCATION BACKGROUND

	NAME AND LOCATION	SPECIALTY/MAJOR	DATE OF GRADUATION	DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS/VOCATIONAL SCHOOL				

### Please list your most recent work experience:

PAID EMPLOYMENT	VOLUNTEER EXPERIENCE
Name of Company _____ Phone # _____ Job Title _____ Supervisor _____ Dates: From _____ To _____	Name of Company _____ Phone # _____ Position Title _____ Supervisor _____ Dates: From _____ To _____
Name of Company _____ Phone # _____ Job Title _____ Supervisor _____ Dates: From _____ To _____	Name of Company _____ Phone # _____ Position Title _____ Supervisor _____ Dates: From _____ To _____





**American Red Cross**

**STATISTICAL INFORMATION SHEET**

**OPTIONAL**

This Chapter of the American Red Cross, in recognition of its responsibility to its paid and volunteer staff and the community it serves, reaffirms its policy to assure fair and equal treatment in all of its employment practices for all people. We will not discriminate on the basis of race, color, religion, sex, age, or national origin, nor against any qualified handicapped person or veteran. The following information is requested to determine diversity of Red Cross volunteers. Completion is optional; however, it would be most helpful to us as we monitor the complete record of our program.

Please check

Are you a U.S. Citizen?    Yes    No                      Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Gender:    M    F              Veteran:    Yes    No

Employed    Seeking Employment    Unemployed    Retired    Student    Homemaker

Are you affiliated with an organized labor organization?    Yes    No

If yes, which one? \_\_\_\_\_

Disabled?    Yes    No    Please explain: \_\_\_\_\_

Ethnic Group:    White    Black    Hispanic    Asian/Pacific Islander    American Indian/Alaskan Native

Other \_\_\_\_\_

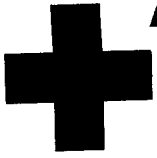
Are you able to speak fluently, read or write any language other than English?    Yes    No

If yes, please list the language:

Speak \_\_\_\_\_    Read \_\_\_\_\_    Write \_\_\_\_\_

Would you like to be a member of the American Red Cross Language Bank?    Yes    No

A Language Bank Volunteer could be asked to volunteer as an interpreter for the Emergency Services Department of the American Red Cross in their work with victims of a disaster or to present Community Disaster Education to community groups.



**American Red Cross**

**ACKNOWLEDGEMENT OF RECEIPT  
OF VOLUNTEER HANDBOOK,  
OFFICE OF VOLUNTEERS NO HARASSMENT POLICY,  
AND DRUG AND ALCOHOL-FREE POLICY**

As a volunteer for the American Red Cross, I understand that I have read the Central Maryland Chapter American Red Cross Volunteer Handbook, (hereafter referred to as handbook) which sets forth my responsibilities and provides information that will be of value to me.

I understand that the information contained in this handbook is not a contract. The Red Cross may modify or supersede the policies at any time.

I hereby acknowledge that I have received a copy of our "No Harassment" policy. I have read and understand my responsibilities for abiding by the policy. I understand that I will not be penalized for reporting conduct that I believe violates this policy.

I hereby acknowledge that I have received a copy of the *Drug and Alcohol-Free Workplace Policy*. I have read and understand my responsibilities for abiding by the policy.

I hereby acknowledge that I have received a copy of the *Code of Conduct*. I have read and understand my responsibilities for abiding by the policy.

**CERTIFICATION**

I, (print your name) \_\_\_\_\_, 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 have no financial interest or affiliation with any organization which may have interests that conflict with, or appear to conflict with, the best interests of the American Red Cross. Should such conflicts or apparent conflicts of interest arise in connection with the affiliations 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 Chairman of my unit, or his/her designee, any future situation that involves, or might appear to involve, me in any conflict with the best interests of the American Red Cross.

My signature below acknowledges that I have read and received the above notices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Orientation: Handbook \_\_\_\_\_ Video \_\_\_\_\_ Start Date: \_\_\_\_\_