

**Volunteer Application  
American Red Cross**

**200 Atkinson Street  
Laurinburg, NC 28352  
(910) 276-0600**

**114 W. 4<sup>th</sup> Street  
Lumberton, NC 28358  
(910) 738-5057**

**Please Print**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please Call Me: \_\_\_ At Work or Home \_\_\_ At Home Only \_\_\_ At Work Only

**Personal Information (For ARC Computer Use Only)**

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ <18 \_\_\_ 19-24 \_\_\_ 24-50 \_\_\_ >50

Sex: \_\_\_ Male \_\_\_ Female

Ethnic Background: \_\_\_ African American \_\_\_ Caucasian \_\_\_ Asian/Pacific Islander  
\_\_\_ Hispanic \_\_\_ Alaskan Native \_\_\_ American Indian \_\_\_ Other (Specify) \_\_\_\_\_

**Education (Circle Appropriate Level)**

Student: Grade: 8 9 10 11 12 College year: 1 2 3 4

BA BS MA MS PHD RN EMT MD Med/tech Other \_\_\_\_\_

**Work Experience (Volunteer and Paid)**

Position Organization Dates

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_  
4. \_\_\_\_\_

**Miscellaneous Information**

List special skills (computer, typing, foreign language fluency, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it necessary to limit your physical activities in any way? \_\_\_\_\_ How?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked (paid or volunteer) for the American Red Cross before? If so, when, where, and in what capacity?

\_\_\_\_\_

What is your availability? Please check the times that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Check the area(s) of interest below:

- Speaking in the Community
- Fund Raising Events
- Blood Services Tele-recruitment
- Blood Drive Canteen Volunteer
- Armed Forces Emergency Services
- Health & Safety Instructor (CPR/First Aid Babysitting, Water Safety, etc.)
- Board or Advisory Member
- Office Asst.
- HIV/AIDS Education
- Blood Drive Greeter
- Disaster (Shelter) Volunteer
- Youth Programs

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_