



Volunteer Application

315 W Nora, Spokane, WA 99205
(509) 326-3330 x214 or holmand@spokaneredcross.org

Personal/Contact Information

First name _____ Middle initial _____ Last name _____

Social Security Number _____ (Required for all volunteers but will be kept confidential and stored securely)

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Mobile _____

E-mail _____ Birth date ____/____/____

Driver's License Number _____ State _____ Classification/Expiration _____

Current employer _____ Position _____

If you are you a student: School _____ Year of graduation _____ Major _____

Emergency Contact

Name _____ Relationship _____

Daytime phone _____ Evening phone _____

Volunteer Interest

Why are you interested in volunteering with the Red Cross? _____

Programs you are interested in:

<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Babysitter's Training Instructor	<input type="checkbox"/> Services to the Armed Forces	<input type="checkbox"/> Other:
<input type="checkbox"/> First Aid/CPR Instructor	<input type="checkbox"/> Development/Fundraising	<input type="checkbox"/> Special Events	
<input type="checkbox"/> Health/Community Fairs	<input type="checkbox"/> Administrative/Clerical	<input type="checkbox"/> Public Affairs	

Locations you are interested in:

<input type="checkbox"/> Spokane County	<input type="checkbox"/> Whitman County	<input type="checkbox"/> Lincoln County	<input type="checkbox"/> Ferry County
<input type="checkbox"/> Stevens County	<input type="checkbox"/> Pend Oreille County	<input type="checkbox"/> Adams County	<input type="checkbox"/> National

Skills and Background Information

Languages/level of expertise _____

Do you hold a professional license? (Type, number & expiration date) _____

Other skills/education/training _____

Experience as a volunteer (agency/duties) _____

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Experience in paid employment (company/position) _____

Have you ever been convicted of a misdemeanor or felony? (A conviction will not necessarily disqualify an applicant)

No Yes (If yes) Year: _____ Charges: _____

Volunteer Enrollment Checklist

Submit this completed application.

Mail: Volunteer Services Coordinator, Spokane Red Cross, 315 W. Nora, Spokane, WA 99205

E-Mail: holmand@spokaneredcross.org

Fax: (509) 326-3336

You may also bring the completed application to your orientation (see below).

Complete a Red Cross background check. Required for all American Red Cross volunteers age 18 or over.

1. Go to: www.mybackgroundcheck.com
2. Click on Red Cross Background Check Initiative
3. Click on Request a Background Check
4. On the map, click on WA State
5. Select the Inland Northwest Chapter
6. Follow the prompts (Select "I am a candidate to volunteer")

Program Orientation. When you've completed the above steps, we will contact you to schedule an orientation for the program(s) you're interested in. You can also call our Volunteer Services Coordinator at (509) 326-3330 x214 to schedule your orientation.

Requirements may be revised or added to meet American Red Cross policies and procedures. Please call (509) 326-3330 x214 to request accommodation or to obtain materials in an alternate format.

Authorization and Acknowledgment

I verify that all of the above information is true, complete, and correct, and I understand that if it is not, I am disqualifying myself for a volunteer/intern position. By signing below, I authorize the American Red Cross to complete a reference and background check. I also understand that I am applying for a volunteer/intern position and that this is not an application for, nor a contract of paid employment. I further agree that as an American Red Cross volunteer, I will take required training where applicable. I authorize any verification of applicable licensure if it is required for my volunteer position.

Signature _____ Date _____

Invitation for Self-Identification

The American Red Cross is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, the Red Cross must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application for volunteering with the Red Cross. Please contact the EEO Office if you have any questions.

Check all that apply:

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> White, not Hispanic | <input type="checkbox"/> Vietnam Veteran |
| <input type="checkbox"/> Male | <input type="checkbox"/> Black, or African-American, but not Hispanic | <input type="checkbox"/> Veteran (other than Vietnam) |
| | <input type="checkbox"/> Hispanic or Latino | |
| | <input type="checkbox"/> Asian or Pacific Islander | |
| | <input type="checkbox"/> American Indian or Alaskan Native | |