



American Red Cross
Midland/Gladwin Chapter

Welcome to the American Red Cross

New Volunteer Information Form

First Name: _____ M.I.: _____ Last Name: _____

Title: _____ Suffix: _____
(Mr., Mrs., Dr.) (Pres., MD, VP, Phd)

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Business Phone: _____

Fax Number: _____

E-mail Address: _____

County: _____

Are you a student? Y / N

Volunteer for credit other than school? Y / N

Volunteering for court credit? Y / N

Office Use Only
Date: _____
Interviewed by: _____
Placement: _____
Orientation Date: _____
Attended Orientation: _____

Emergency Contact Information

In case of emergency notify: _____ Relationship: _____

Day telephone: _____ Evening telephone: _____

Marital status: _____ Spouse's name: _____

Statistical Purposes Only

Birth date: _____ / _____ / _____ Gender: _____

Gender: Male / Female U.S. Citizen: Y / N

Employer: _____ Occupation: _____

Disability (Please describe): _____

Prior Red Cross Experience

Have you worked for the Red Cross in the past? Y/ N Dates: _____

Chapter name/Location: _____

Years of service there: _____ Total years of service: _____

Recruiting

What brought you to the American Red Cross to volunteer? _____

What motivated you to volunteer? _____

List other organizations for which you have volunteered: _____

What have you done as a volunteer? _____

Why did you choose the Red Cross? _____

What would you like to do for the Red Cross? _____

In the event that I list my Red Cross service as work experience on any application or resume, the Office of Volunteer Personnel may use its discretion in regard to the disclosure or use of the data on this form and other information about my volunteer service.

Signature: _____

NOTE: Ethical and appropriate behavior is taken seriously in the American Red Cross. Each volunteer is required to complete the Code of Conduct that is on the reverse side. A copy of our ethics guidelines will be provided to you prior to your signing the Code of Conduct.

References

Please list two adults who are not related to you as references we may contact

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Skills and Interests (Computers, photography, scrapbooking, public speaking)

American Red Cross Code of Conduct For Governance Volunteers

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 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 volunteer service with the American Red Cross, to report to the appropriate Line of Service Supervisor promptly upon arrival for my shift or for any situation that involves or might appear to involve me in any conflict with the best interests of the American Red Cross.

Date: _____

Name

Signature

Address

Social Security Number