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 **Volunteer Application Form**

 Please return this form electronically if possible.

If completing by hand please print clearly.

All information gathered will be kept confidential and will be used only by the Canadian Red Cross.

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| **General Information** |
| Last Name:  | First Name:  |
| Title: | Gender: M [ ]  F [ ]  | Middle Name(s): |
| Address:  | Date of Birth (DD/MM/YYYY): *Optional\*[[1]](#footnote-1)*  |
| City:  | Province:  | Postal Code:  |
| Home Phone:  | Cell Phone:  | Work Phone:  |
| E-mail Address:  |
| Preferred contact method:  |
| Do you have a valid drivers licence? Yes [ ]  No [ ]   | Licence class: | Licence number: |
| Have you ever been convicted of an offence under the Youth Criminal Justice Act or adult law? Yes [ ]  No [ ]   |

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| **Area(s) of Interest**Please rank your preferences of which type of volunteering you would like to perform (1st choice, 2nd choice etc.)*Note that not all positions are available at all times and in all areas.* |
|  | Direct Service to Clients |  | Clerical/Administration |  | Training/Facilitation |
|  | Fundraising |  | Projects/Research |  | Special Events |
|  | First Aid Services |  | Presentations/Public Speaking |  | Disaster Management |
|  | Other (Please Specify): |

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| **Previous Experience** |
| Have you previously volunteered with the Canadian Red Cross? Yes [ ]  No [ ]  |
| Have you previously worked with the Canadian Red Cross? Yes [ ]  No [ ]   |
| Can you provide a resume? Yes [ ]  No [ ]  Attached [ ]  |
| What training or qualifications do you have (e.g. accounting, public speaking...)?

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| **Commitment** |
|[ ]  Less than 6 months |[ ]  6 months to 1 year |[ ]  Ongoing |
|[ ]  Other (Please Explain):  |
| **How did you hear about the volunteer program at the Canadian Red Cross? (Check all that apply)** |
|[ ]  Display |[ ]  Called/Dropped in |[ ]  Volunteer Centre |[ ]  Newspaper |
|[ ]  Poster/Flyer |[ ]  Red Cross Staff |[ ]  School |[ ]  Television |
|[ ]  Public Event |[ ]  Friend/Relative |[ ]  Internet |[ ]  Radio |
|[ ]  Local Branch |[ ]  Another Volunteer |[ ]  Other (Please Specify): |

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| **\*Applicants under the age of majority must have a parent/guardian fill out the following:**I am aware of and support my child/legal dependant’s decision to volunteer with the Canadian Red Cross.

|  |  |
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| Name: |  |
| Relationship to Applicant: |  |
| Telephone Number: |  |
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| Parent/Guardian Signature |  | Date (DD/MM/YYYY) |

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[ ]  By checking this box **I certify that** the information in this form is correct and complete. I give my permission to the Canadian Red Cross to obtain, if required, a criminal record check and/or a driver’s abstract. **I understand that** I will be advised in advance if a criminal record check and/or a driver’s abstract or other program specific checks may be required.

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| Applicant’s Signature**\*** |  | Date (DD/MM/YYYY) |

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1. \* This information will be used for statistical purposes only. [↑](#footnote-ref-1)