 **Volunteer Application Form**

Please return this form electronically if possible.

[quebecvolunteer@redcross.ca](mailto:quebecvolunteer@redcross.ca) or fax at 514-362-0281 or mail:

Canadian Red Cross, 6, place du Commerce, Verdun, Québec H3E 1P4

If completing by hand please print clearly.

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

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| **General Information** | | | | |
| Last Name : | | First Name : | | |
| Gender : M  F | | | | Date of birth (JJ-MM-AAAA) :  *Optional\** |
| Address : | | | |
| City : | Province : Québec | | | Postal Code : |
| Home phone : | Cell Phone : | | | Work Phone : |
| E-mail Address : | | | | |
| Prefered contact method : | | | | |
| Do you have a valid driver’s licence? Yes  No | | | Driver’s 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, 2nd, choice etc.).  *Note that not all positions are available at all times and in all areas.* | | | | | |
|  | Disaster Management |  | Clerical / Administration |  | Training / Facilitation |
|  | First Aid Services |  | Fundraising |  | Presentation / Public Speaking |
|  |  |  | Special Events |  |  |
|  | 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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| **Computer Skills (Please check all that apply)** | | | | | | | | | | | |
|  | Databases | |  | | Spreadsheets | | |  | Presentations | | |
|  | Word processing | |  | | Other (Please Specify): | | | | | | |
| **Language Information** | | | | | | | | | | | |
| English : | | Written | |  | | basic / intermediate  fluent | Spoken | | |  | basic / intermediate  fluent |
| French:: | | Written | |  | | basic / intermediate  fluent | Spoken | | |  | basic / intermediate  fluent |
| Other (Please Specify): | | Written | |  | | basic / intermediate  fluent | Spoken | | |  | basic / intermediate  fluent |

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| **Commitment** | | | | | |
|  | Less than 6 months |  | 6 months to 1 year |  | Ongoing |
|  | Other (Please Explain): | | | | |

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| **How did you hear about the volunteer program at the Canadian Red Cross? (Check only one 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 Explain): | | |

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| **References** |
| Name |
| Address |
| Relationship to applicant       Telephone Number: |
| Name |
| Address |
| Relationship to applicant       Telephone Number: |
| Name |
| Address |
| Relationship to applicant       Telephone Number: |

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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   |  |  | | --- | --- | | Name : |  | | Relationship to Applicant: |  | | Telephone Number: |  | | |  |  |  | | --- | --- | --- | |  |  |  | | Parent/Guardian Signature |  | Date (DD/MM/YYYY) | | |   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.   |  |  |  | | --- | --- | --- | |  |  |  | | Applicant’s Signature**\*\*** |  | Date (DD/MM/YYYY) | |