



**CANADIAN  
RED CROSS**

# 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.

## General Information

Last Name:		First Name:	
Title:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Middle Initial(s):	
Address:		Date of Birth (DD/MM/YYYY): <i>Optional*</i>	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			
Do you have a valid drivers licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Drivers licence number:	
Have you ever been convicted of an offence under the Youth Criminal Justice Act or adult law? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Area(s) of Interest

Please rank your preferences of which type of volunteering you would like to perform (1<sup>st</sup> choice, 2<sup>nd</sup> 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):		

## Previous Experience

Have you previously <u>volunteered</u> with the Canadian Red Cross? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously <u>worked</u> with the Canadian Red Cross? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you provide a resume? Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/>
What training or qualifications do you have (e.g. accounting, public speaking...)?
_____
_____
_____

## Commitment

<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> Ongoing
<input type="checkbox"/> Other (Please Explain):		

\* This information will be used for statistical purposes only.

**How did you hear about the volunteer program at the Canadian Red Cross? (Check all that apply)**

<input type="checkbox"/>	Display	<input type="checkbox"/>	Called/Dropped in	<input type="checkbox"/>	Volunteer Centre	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Poster/Flyer	<input type="checkbox"/>	Red Cross Staff	<input type="checkbox"/>	School	<input type="checkbox"/>	Television
<input type="checkbox"/>	Public Event	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Local Branch	<input type="checkbox"/>	Another Volunteer	<input type="checkbox"/>	Other (Please Specify):		

**\*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)