



**American Red Cross**

**Illinois Capital Area Chapter**

**VOLUNTEER APPLICATION**

You may send your application to: **American Red Cross Illinois Capital Area Chapter, 1045 Outer Park Dr, Springfield, IL 62704.** A volunteer manager will contact you to schedule you for an upcoming Volunteer Orientation. If you have any questions, you may call (217) 787-7602.

Revised 6/21/06

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work #

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address

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**Emergency Contact Information**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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Special Skills and Certifications: *(Languages, Licenses, etc.)*

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**Availability for Volunteer work: (Circle as many as fits your schedule and willingness to volunteer)**

Days Available                      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Times Available:                      Days                      Nights                      Specific Times: \_\_\_\_\_

Have you ever worked or volunteered for the Red Cross?                      Yes                      No

If yes, which chapter, date you volunteered, and in what capacity:

Please list two references (do not include relatives)

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

### VOLUNTEER OPPORTUNITIES

*Please circle the activities that interest you and specify your top area of interest.*

#### Chapter Assistance

Special Events                      Fund Raising                      Data Entry                      General Office Assistance  
Information/Health Fairs                      Blood Drives (Logan County)

#### Community Outreach

Meals on Wheels Driver

#### Emergency Services

Disaster Action Team (responds to local disaster)                      Armed Forces Emergency Svcs.                      Canteens  
CDL Driver                      Community Dis. Ed. (CDE)                      National Disaster Relief

#### Health and Safety

CPR/FA Instructors                      Water Safety Instructors                      Pet First Aid Instructors                      Business Emergency Planning Alliance (BEPA)  
Babysitter Instructors                      Blood Pressure Clinics                      First Aid Stations

*Participation requires a criminal and child abuse background check*

**I certify that the information given herein is true and correct to the best of my knowledge and belief.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Interviewer's Appraisal and Comments:**

(Skills, knowledge, ability, aptitudes, traits or interests. Previous Red Cross training, recognition or volunteer background.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Reviewer \_\_\_\_\_

Department \_\_\_\_\_ Basic Orientation Date \_\_\_\_\_