

**Volunteer Application**

**American Red Cross  
Iowa Rivers Chapter  
709 S. Center St.  
Marshalltown, Iowa 50158  
641-753-3317 1-877-792-3808**

Date: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
(Last name) (First name) ( Middle Name)

Circle preferred mailing address: Home Business Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_  
(Include number, street, city, state, box number, and zip code)

Business address \_\_\_\_\_

Email address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Office phone(\_\_\_\_) \_\_\_\_\_ Cell phone(\_\_\_\_) \_\_\_\_\_

Highest Education Level:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than High School Graduate     | <input type="checkbox"/> Bachelor Level Degree    | <input type="checkbox"/> Bachelor of Arts     |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> Some Graduate School     | <input type="checkbox"/> Associate of Arts    |
| <input type="checkbox"/> Some College                       | <input type="checkbox"/> Masters Level Degree     | <input type="checkbox"/> Associate of Science |
| <input type="checkbox"/> Technical School                   | <input type="checkbox"/> Doctorate (Academic)     | <input type="checkbox"/> Master of Science    |
| <input type="checkbox"/> 2 Year College Degree              | <input type="checkbox"/> Doctorate (Professional) | <input type="checkbox"/> Master of Arts       |
|   | <input type="checkbox"/> Post Doctorate           | <input type="checkbox"/> Medical Doctor       |
|   | <input type="checkbox"/> Bachelor of Science      | <input type="checkbox"/> Juris Doctorate      |

Occupation \_\_\_\_\_

Are you a student?  
Yes Full time  
No Part time

Is it necessary for you to limit your physical activity in any way?  
Yes No  
If yes, what is your limitation? \_\_\_\_\_

Are you a licensed driver? \_\_\_\_\_  
Yes No

List any previous experience (volunteer, paid or educational) that would be helpful in working with people:

Activity	Organization	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any skills, hobbies, or interests you have that might be helpful in your volunteer work:  
\_\_\_\_\_  
\_\_\_\_\_

List any language skills other than English:  
Spanish \_\_\_\_\_ Other \_\_\_\_\_

Please circle your level fluency in these areas:

<b>Speaking</b>	beginning	intermediate	advanced
<b>Comprehension</b>	beginning	intermediate	advanced
<b>Reading</b>	beginning	intermediate	advanced
<b>Writing</b>	beginning	intermediate	advanced

Please give the name of any person(s) who should be notified in the event of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Please circle the area in which you would like to volunteer:

**\* Disaster Services**

**\* Education**

- Assist with school programs
- Become a Together We Prepare instructor
- Disaster Education

**\* Fundraising**

**\* Health & Safety**

- CPR/First Aid Instructor
- Swim/Water Safety Instructor
- Health Fairs/Booths
- First Aid Station Worker

**\* Hospital Worker (Uniformed Volunteer)**

- Courtesy services

**\* Marketing/Public Relations**

- Displays/demonstrations
- Media Relations
- Special Events
- Publicity
- Writing

**\* Public Speaking/Presenting**

**\* Office**

- Clerical/Word Processing
- Computer

**\* Translating**

**\* Vehicle Maintenance**

**\* Volunteer Coordinating/Recruiting**

- Brainstorm creative ways to recruit and retain other volunteers
- Help create and implement methods of volunteer appreciation

Approximately how much time do you feel you could give? \_\_\_\_\_

Availability:

\_\_\_\_ Daytime    \_\_\_\_ Daily    What hours? \_\_\_\_\_    Would you be willing  
 \_\_\_\_ Evenings    \_\_\_\_ Weekly    \_\_\_\_\_    to serve in times of disaster?  
 \_\_\_\_ Weekdays    \_\_\_\_ Monthly    \_\_\_\_\_    \_\_\_\_ yes    \_\_\_\_ no  
 \_\_\_\_ Weekends

I understand that the above information is voluntarily supplied and may be used and disclosed for Red Cross purposes and that as a Red Cross volunteer I will not be paid for my services.

\_\_\_\_\_  
 (Print name) Date

\_\_\_\_\_  
 (Signature)

To be completed with and by Director of Volunteers:

Previous ARC affiliation: \_\_\_\_\_ Original Appt Date: \_\_\_\_\_

Adjusted date: \_\_\_\_\_

Regular Employer and Occupation: \_\_\_\_\_

Ethnic Group:

American Indian/Alaskan Native     Hispanic     Unspecified  
 Asian     Native Hawaiian/Other Pacific     White  
 Black     Not Applicable

Military Status:

Active Reserve     Not a Vietnam-Era Veteran     Retired Military  
 Eligible Vietnam Era Veteran     Not Indicated     Veteran (VA Ineligible)  
 Inactive Reserve     Other Eligible US Veteran     Vietnam & Other Eligible Veteran  
 No Military Service     Post-Vietnam-Era Veteran     Vietnam-Era Veteran  
 Not a Veteran     Pre-Vietnam-Era Veteran

Officer: \_\_\_\_\_

Line of Service:

AFES     Fund Raising     Health & Safety Services  
 Biomedical Services     General Management     International Services  
 Community Services     General Support     Youth Services  
 Disaster Services     Governance & Leadership

Eligible to work in US: Yes    No

Two forms of Identification: \_\_\_\_\_

### Information Release

- I. I give to the American Red Cross, its designees, agents and assigns, unlimited permission to use, publish, and republish in any form or media, information about me and reproductions of my likeness (photographic or otherwise) and my voice, with or without identification of me by name.

Name of person photographed, recorded or interviewed (please print)		Age (if minor)
Street Address, City, State, and Zip code		Phone Number (optional)
Signature		Date
II. Producer, writer or photographer		
Assignment		Location

- III. Consent of parent or legal guardian if above individual is a minor:

I consent and agree, individually and as parent or legal guardian of the minor named above, to the foregoing terms and provisions.

Signature	Date
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**American  
Red Cross**

**Iowa Rivers Chapter**

Serving Jasper, Marshall, Poweshiek, Tama  
and Hardin Counties  
709 S. Center St. Marshalltown, Iowa 50158  
Phone: 641-753-3317 Fax: 641-753-7120  
Toll-free: 1-800-792-3808  
Website: iowarivers.redcross.org

**American Red Cross Code of Conduct**

The American Red Cross is a charitable not-for-profit organization dedicated to providing service to those in need. The American Red Cross has traditionally demanded and received the highest ethical performance from its employees and volunteers. In an effort to maintain the high standard of conduct expected and deserved by the American public and to enable the organization to continue to offer services required by those in need, the American Red Cross operates under the following Code of Conduct, applicable to all volunteers and paid staff.

**Code of Conduct**

No employee or volunteer member shall:

- Authorize the use of or use for the benefit or advantage of any person, the name, emblem, endorsement, services or property of the American Red Cross, except in conformance with the American Red Cross policy.
- Accept or seek on behalf of or any other person, any financial advantage or gain of other than nominal value may be offered as a result of the volunteer's or paid staff affiliation with the American Red Cross.
- Publicly utilize any American Red Cross affiliation in connection with the promotion of partisan politics, religious matters or positions on any issue not in conformity with the official position of the American Red Cross.
- Disclose any confidential American Red Cross information that is available solely as a result of the volunteer's or paid staff member's affiliation with the American Red Cross to any person not authorized to receive such information, or use to the disadvantage of the American Red Cross any such confidential information, without the express authorization of the American Red Cross.
- Knowingly take any action or make any statement intended to influence the conduct of the American Red Cross in such a way as to confer any financial benefit on any person, corporation or entity in which the individual has a significant interest or affiliation.
- Operate or act in any manner that is contrary to the best interests of the American Red Cross. In the event that the volunteer's or paid staff's obligation to operate in the best interests of the American Red Cross conflicts with the interests of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the American Red Cross upon becoming aware of it, shall absent himself or herself, from the room during deliberations on the matter and shall refrain from participating in any decisions or voting in connection with the matter.

I, \_\_\_\_\_, certify that I have read and understand the CODE of CONDUCT of the AMERICAN RED CROSS. I agree to comply with the Code as it is stated and affirm that, to the best of my knowledge and belief, I am not involved in any activity and have no interests that conflict or suggest a potential conflict with the best interests of the AMERICAN RED CROSS, except as follows:

I also agree, during the term of my volunteer service or employment with the AMERICAN RED CROSS, to report to the Secretary of the corporation promptly any future situation that involves or might appear to involve me in any conflict with the best interests of the American Red Cross.

Date: \_\_\_\_\_

Name and Title

Signature

Address

***Together, we can save a life***