

**Volunteer Application**  
 Lincoln Way Chapter American Red Cross  
 426 5<sup>th</sup> St., Ames, IA 50010, 515-232-5104

**VOLUNTEER :**                      **Date:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please check preferred phone number

Home Phone #: \_\_\_\_\_  Alternate Phone #: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please check preferred phone number

Home Phone #: \_\_\_\_\_  Alternate Phone #: \_\_\_\_\_

**REFERENCES** (List two references-not including relatives)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATION AND EXPERIENCE** (Most recent and pertinent to volunteering)

	Location	City, State	Type of education/experience	Date Completed
Education				
Experience				

**LICENSES** (Please list any current professional licenses you hold (ex. Nursing, Physician, EMT, etc.))

License: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**LANGUAGE SKILLS** (Please check levels of skill)

Language: \_\_\_\_\_  Speak and Understand  Read and Translate  Write

**AVAILABILITY** (Please indicate the times you are available each day) office hours are 8:30-4:30 M-F

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

