

Fond du Lac County
272 N. Main Street
Fond du Lac, WI 54935
Telephone: 920-922-3450
Fax: 920-922-3225
Email: redcrfdl@charter. Net
A Partner with United Way

Please complete and return to office

Please Print

VOLUNTEER INFORMATION

Name _____ Professional License No. _____
Mr. Mrs. Ms . Miss (circle one) DR DDS MT RN LPN Telephone _____
Address _____ E-Mail _____
_____ Birthday: Month _____ Day _____

EMERGENCY CONTACT

Name _____ Telephone _____
Relationship _____ Cell phone _____

EMPLOYMENT/SCHOOL INFORMATION

Employer _____ School _____
Address _____ Degree _____
Telephone _____ Drivers License _____ yes _____ no
Job Title _____ May we contact you at work? _____ yes _____ no

VOLUNTEER PREFERENCES

Please check all that interest you – Circle your top 3 interests

<input type="checkbox"/> Accounting	<input type="checkbox"/> Disaster Services	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Armed Forces Emergency Services	<input type="checkbox"/> Finance	<input type="checkbox"/> Special Projects
<input type="checkbox"/> Amateur Radio Club	<input type="checkbox"/> First Aid/CPR Instructor	<input type="checkbox"/> Translator
<input type="checkbox"/> Blood Services	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Volunteer Recognition
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Young Adult Programs
<input type="checkbox"/> Data Process	<input type="checkbox"/> Media	<input type="checkbox"/> Youth Programs
<input type="checkbox"/> Disaster Action Team	<input type="checkbox"/> Office Assistance	

VOLUNTEER EXPERICES/SKILLS

Please share all of your volunteer experiences with us (school, church, etc.). If necessary, attach a separate sheet.

Organizations(s)	Date(s) of service	Service(s) performed
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER AVAILABILITY

Number of hours you would like to volunteer _____ per week _____ per month
Hours available: _____ to _____ Days available _____

REFERENCES

(Day Time Contacts Only)(Please provide Non-relative references)

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____

I understand that I am applying for a volunteer position and that this is not an application for, or contract of, employment. I further agree that as a Fond du Lac County Chapter, American Red Cross Volunteer, I may not accept payment for services. I will also abide by the American Red Cross chapter practices. The statements made on this application are true, complete and correct. I understand that any misinterpretation, omission of information or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer.

Signature

Date

(rev2/21/07)