

VOLUNTEER APPLICATION FORM

GENERAL INFORMATION

Last Name:		First Name:	
Title:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Middle Initial(s):	
Residential Address:		Date of Birth (DD/MM/YYYY): <i>Optional*</i>	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			

Area(s) of Interest

Please rank your preferences of which type of volunteering you would like to perform (1st choice, 2nd choice etc.)
Note that not all positions are available at all times

	Direct Service to Clients		Clerical/Administration		Training/Facilitation
	Fundraising		Projects/Research		Special Events
	First Aid Services		Presentations/Public Speaking		Disaster Management/Response
	Other (Please Specify):				

Previous Experience

Have you previously volunteered with the Saint Lucia Red Cross? Yes No

Have you previously worked with the Saint Lucia Red Cross? Yes No

Can you provide a resume? Yes No Attached

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):		

How did you learn about the Red Cross

<input type="checkbox"/> Display	<input type="checkbox"/> Called/Dropped in	<input type="checkbox"/> Radio	<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"/> Local Branch	<input type="checkbox"/> Another Volunteer	<input type="checkbox"/> Other (Please Specify):	

By checking this box I certify that the information in this form is correct and complete

I hereby apply to become a volunteer member of the St Lucia Red Cross. I agree to uphold and adhere to the seven Fundamental Principles of the Red Cross.

Applicant's Signature*

Date (DD/MM/YYYY)

Please return this form with a passport sized photo.

All information will be kept confidential and will be used only by the Saint Lucia Red Cross.