



YOUTH APPLICATION FORM (18 – 35)

General Information

Name : Male Female

Date of birth : Nationality:

Blood Type :

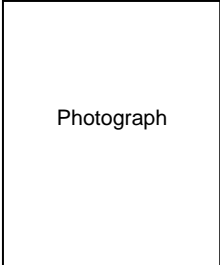
Marital status : Single Married Divorced Widowed

Occupation :

Special Skills :

Address :

E-mail :



Telephone

Home : Cell :

Areas of interest:

| | | | | | |
|-----------------|--------------------------|----------------------------------|--------------------------|-------------------------|--------------------------|
| First Aid / CPR | <input type="checkbox"/> | Disaster Management ¹ | <input type="checkbox"/> | Ambulance Service | <input type="checkbox"/> |
| HIV/AIDS | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Blood Donor Recruitment | <input type="checkbox"/> |
| Logistics | <input type="checkbox"/> | Radio Communication | <input type="checkbox"/> | | |
| Social Services | <input type="checkbox"/> | Mass Casualty | <input type="checkbox"/> | | |

Do you volunteer with any other organization? Yes No

If yes, which organizations?

¹ Disaster Management involves disaster preparation and disaster response (emergencies)



Have you any disability which will limit your Volunteer activity in any way? If yes. Explain

| |
|--|
| |
| |

Availability

I Am Available - Daytime Evenings Weekend

Contact person

| | |
|----------------|----------------------|
| Contact Name : | <input type="text"/> |
| Relationship : | <input type="text"/> |
| Home Address : | <input type="text"/> |
| Contact #'s : | <input type="text"/> |

Emergency Operations

Would you be able to respond in cases of emergency? Yes No

Do you have your own vehicle? Yes No

If yes, are you willing to use it for volunteering purposes? Yes No

Do you hold a valid driver's license? Yes No

Depending on your areas of interest in Red Cross Programs, are you willing to undertake training? Yes No

Agreement

I certify that the above information is true and correct and consent for the Red Cross to record in their data base for reference.

Youth volunteer's signature:

Date: