



**American  
Red Cross**

Lakeway Area Chapter  
American Red Cross  
1103 West First North St  
Morristown, TN 37814  
423/586-2442  
423/586-2443 FAX

## Youth Volunteer Application

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### Contact Information

Name	
Age	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

### Availability

*During which hours are you available for volunteer assignments?*

- Afterschool                       Weekend mornings                       Summer Vacation  
 School Holidays                       Weekend afternoons  
 Weekday evenings                       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

- Events  
 Field work  
 Fundraising  
 Deliveries  
 Newsletter/ office work  
 Other

(please describe) \_\_\_\_\_

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Parents Signature (Required)	
Date	