

Volunteer Survey

In an effort to determine the extent of our available Human Resources, we are asking that you take a few minutes to complete this survey. It should take you less than 10 minutes and it will, hopefully, be a useful tool for us to determine the available resources, and talent we have in our chapter as well as ensure we have current information to reach you. Please return this completed form to our Director of Emergency Services at warddo@usa.redcross.org or **350 Magnolia, Suite L151, Beaumont, TX 77701** by **August 31, 2009**. Thanks for your support and all you do for the American Red Cross.

Name _____ Date _____

Current Address _____

City _____ Zip Code _____

Current Home Phone _____ Cell Phone _____

E-Mail Address _____

- I am no longer able to volunteer, please remove me from your list.** (You may stop the survey here).

I currently volunteer in the following area(s):
(Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Disaster Action Team | <input type="checkbox"/> Health and Safety Instructor |
| <input type="checkbox"/> Board Member/Officer | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Newsletter Committee | <input type="checkbox"/> Disaster Training Committee |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> DSHR-Local Only |
| <input type="checkbox"/> DSHR-Deploy Nationally | <input type="checkbox"/> General Disaster |
| <input type="checkbox"/> General Health and Safety | <input type="checkbox"/> Disaster Instructor |
| <input type="checkbox"/> Project Care | <input type="checkbox"/> First Aid Stations |
| <input type="checkbox"/> Fairs and Booths | <input type="checkbox"/> Armed Forces Emergency Services |
| <input type="checkbox"/> Community Disaster Education | <input type="checkbox"/> Speaker/Presenter |
| <input type="checkbox"/> International Services | <input type="checkbox"/> Other _____ |

I am interested in volunteering in the following area(s) and would like more information:
(Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Disaster Action Team | <input type="checkbox"/> Health and Safety Instructor |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Public Affairs/Media | <input type="checkbox"/> Youth Group Committee |
| <input type="checkbox"/> Newsletter Committee | <input type="checkbox"/> Disaster Training Committee |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> DSHR-Local Only |
| <input type="checkbox"/> DSHR-Deploy Nationally | <input type="checkbox"/> General Disaster |
| <input type="checkbox"/> General Health and Safety | <input type="checkbox"/> Disaster Instructor |
| <input type="checkbox"/> Project Care | <input type="checkbox"/> First Aid Stations |
| <input type="checkbox"/> Fairs and Booths | <input type="checkbox"/> Armed Forces Emergency Services |
| <input type="checkbox"/> International Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Disaster Education | <input type="checkbox"/> Speaker/Presenter |
| <input type="checkbox"/> Mass Care Committee | <input type="checkbox"/> In-Kind Donations |
| <input type="checkbox"/> Answer Phones | <input type="checkbox"/> Front Desk/Receptionist |

How many hours do you usually currently volunteer? _____ per _____

Please list any specialized licenses (examples-RN, EMT, CPA, etc.) or skills (computer, language, professional, etc.) you have and are willing to use as a volunteer with Red Cross:

If you are not usually active in Disaster Services are you willing to assist in the event of a major disaster in our chapter jurisdiction? Yes No Maybe

In the event that there is an evacuation order due to an approaching Hurricane/Tropical Storm will you be available to assist Red Cross?

- Yes Nope, I'm out of here No, I will be working
- Check with me when it's headed our way

Please feel free to attach additional sheets for any additional comments/concerns you wish to share.