

# **Volunteers of the Cruz Roja Delegacion Lago de Chapala (CRIVC)**

## **Member's Personal Information**

Date \_\_\_\_\_

Nombre (Name) \_\_\_\_\_

Domicilio (Home Address) \_\_\_\_\_

Telefono (Telephone) \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Full-time Resident in Mexico \_\_\_\_ Part Time in Mexico (Months) \_\_\_\_\_

Edad (Date of Birth) \_\_\_\_\_ Bilingual (Yes or No): \_\_\_\_\_

Tip Sanguneo (Blood Type) \_\_\_\_\_

Alergias (Allergies) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**We want to be able to utilize you in the areas of your expertise or interests.**

**Kindly provide the following information:**

**What are your areas of strengths, expertise, or interest? (Organizational skills, Marketing, Fund Raising, Computer skills, Medical background, other)**

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**Event Activities Preferences (Please circle all that apply):**

Host Greeter Ticket Sales Bake Sales Information Raffles Bar Set-up/Strike

Please attach one Infantil size frontal color photo and turn in completed application at the next CRIVC General Meeting.

**Thank you for Volunteering**