

## Volunteers of the Cruz Roja, Delegation Chapala

### Member's Personal Information

Date \_\_\_\_\_ CV# \_\_\_\_\_

Nombre:  
(Name)

Cargo:  
(Position)

Comite: **Voluntario (Volunteer)**  
(Committee)

Tipo Sanguineo:  
(Blood Type)

Alergias:  
(Allergies)

Fecha del Nacimiento:  
(Date of Birth)

Domicilio Personal:  
(Home Address)

E-mail:

Telefono de Domicilio:  
(Home Telephone)

Contactos de Emergencia:  
(Emergency Contact)

Telefono de Emergencia:  
(Emergency Telephone)

Skills and Interests: