



Department of Shared Administrative Services  
Office of Personnel Management  
**Disaster Volunteer Activity Report**

***Red Cross will complete the top half of report at beginning of volunteer service and FAX entire page to appropriate agency for approval.***

Date Service Begins: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Volunteer's Employer: \_\_\_\_\_

City: \_\_\_\_\_

Name of Disaster Relief Operation (DRO): \_\_\_\_\_

Function and Position of Assignment: \_\_\_\_\_

\_\_\_\_\_  
Red Cross Official Signature

\_\_\_\_\_  
Date

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***Department Secretary or Designee will complete this portion of report and Fax entire page to Red Cross.***

APPROVED

DENIED

\_\_\_\_\_  
Department Secretary or Designee's Signature

\_\_\_\_\_  
Date

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***Red Cross will complete the lower portion of report at the end of the business day in which the employee is deactivated and FAX to the state agency.***

Date service ended: \_\_\_\_\_

Summary of service activity: \_\_\_\_\_

\_\_\_\_\_  
(Red Cross Official Signature)