

## Volunteer Application

Community Blood Center/Community Tissue Services 349 S. Main St., Dayton, OH 45402  
(We cannot accept volunteers mandated by a court to perform community service hours)

### General and Contact Information

Last Name (print): \_\_\_\_\_ First Name (print): \_\_\_\_\_  
MI: \_\_\_\_\_ Birth Date (MM/DD): \_\_\_\_\_ Are you over 18? \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### What function(s) would you like to perform while volunteering? Please check all that apply.

\_\_\_\_\_ **Guest Relations Ambassador**

- Greet donors and observe them for post-donation reactions while providing snacks and beverages. Min. age: 18 years old

\_\_\_\_\_ **Administrative Support Hero**

- Assist with clerical and administrative tasks primarily within the HR and Volunteer Resources departments: other departments as requested.

\_\_\_\_\_ **Scan N Save Volunteer**

- Scan staff and training records for various departments

\_\_\_\_\_ **Gift of Life Courier**

- Drive company vehicles to transport life-saving blood to/from branch locations and hospitals. Min. age: 21 years old

\_\_\_\_\_ **Other**

- Please specify:  
\_\_\_\_\_

### Availability

Please circle all that apply

Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

### Location

\_\_\_\_\_ Main Office

Name: \_\_\_\_\_ 1

### Employment History

Present or immediate past employment history (attach resume if you choose)

Employer: _____	Work Performed: _____
Address: _____	_____
Phone: _____	_____
Supervisor: _____	_____
E-mail: _____	_____

### Education Background

	Name of School	Specialty / Major	Graduated?/ If so, what Degree?
High School	_____	_____	_____
Bus. / Voc.	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____

What languages other than English do you speak, read, or write? \_\_\_\_\_

### Skills and Previous Volunteer Work

Please check any skills for which you have at least 3 months of experience.

<input type="checkbox"/> Clerical <input type="checkbox"/> Computer Programs or software <input type="checkbox"/> Customer Service <input type="checkbox"/> Database Management Programs <input type="checkbox"/> Volunteer Work <ul style="list-style-type: none"> <li>• Where: _____</li> <li>• How long? _____</li> </ul> <input type="checkbox"/> Other skills <ul style="list-style-type: none"> <li>• _____</li> </ul> <input type="checkbox"/> Other hobbies <ul style="list-style-type: none"> <li>• _____</li> </ul>	Additional Comments: _____ _____ _____ _____
---	---

### References

Please list 2 people, other than family members, who know your qualifications and/or background.

Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Daytime Phone: _____	Daytime Phone: _____
Evening Phone: _____	Evening Phone: _____

### Commitment

Because of training and support, we request that each volunteer commit to a minimum number of 8 hours per month or more. Positions vary and you will be advised prior to acceptance if you are required to give more than this minimum of 8 hours per month.

Are you willing to meet this expectation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been a **CBC/CTS** volunteer before? Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes,
  - Where / when? \_\_\_\_\_
  - What did you do? \_\_\_\_\_

Can you perform the essential duties of this position with or without a reasonable accommodation?

- Yes \_\_\_\_\_ No \_\_\_\_\_

You will be asked to attend an orientation/training and interview. What time period are you available?

- Morning (9am - 12pm) \_\_\_\_\_
- Afternoon (1pm - 5pm) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, please explain: \_\_\_\_\_

Community Blood Center  
Community Tissue Services

With my signature below, I hereby give CBC/CTS permission to inquire into my educational background, personal references, driving record, police records (criminal background check), and employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to CBC/CTS. I will be expected to sign and uphold a confidentiality agreement as attached.

I do hereby hold the CBC/CTS harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to CBC/CTS. I understand that CBC/CTS will use this information as part of its verification of my volunteer application.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_