

Mr. Mrs. Ms.

_____ Last Name First Name Middle Name Nickname

_____ Street Address City State ZIP County

() () ()
 _____ Home Phone Work Phone Cell Phone OK to text message? Yes No

_____ Other E-mail Date of Birth
(Ages 14-17 requires parental authorization form)

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 _____ Emergency Contact Name Emergency Contact Phone Emergency Contact E-mail Relationship to person

Please help us learn more about you. Which best describes your current status:

Student _____ Employed _____ Retired _____
 Name of School Employer, Occupation Former Occupation Former Employer(s)

How often are you interested in volunteering? 1 time a week 2 times a month 1 time a month Other _____
 When are you available to volunteer? _____

Please indicate all volunteer position(s) that interest you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Monitoring donors in the canteen and serving refreshments | <input type="checkbox"/> Calling donors to remind them of their appointment | <input type="checkbox"/> Setting up blood drive signage in your community (must be able to lift 20lbs) |
| <input type="checkbox"/> Registering donors to donate blood | <input type="checkbox"/> Organizing a blood drive | <input type="checkbox"/> Assisting with events |
| <input type="checkbox"/> Assisting with office duties – filing, mailing, etc. | <input type="checkbox"/> Driving blood and supplies between blood center locations (Seattle metro area primarily, but could include riding the ferry) | <input type="checkbox"/> Entering information into a database and other general computer tasks |

Please indicate all the places you are interested in volunteering? (Check any of the Donor Centers or office locations that interest you.)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Bellingham | <input type="checkbox"/> Federal Way | <input type="checkbox"/> Silverdale |
| <input type="checkbox"/> Bellevue | <input type="checkbox"/> Lynnwood | <input type="checkbox"/> Tukwila |
| <input type="checkbox"/> Central Seattle | <input type="checkbox"/> North Seattle | <input type="checkbox"/> Vancouver |
| <input type="checkbox"/> Everett | <input type="checkbox"/> Olympia | <input type="checkbox"/> Portland |

Are you interested in volunteering at blood drives in your community? Yes No If yes, please indicate one of the following:

Approximately _____ miles from my home

Are your volunteer hours required? Yes No

<input type="checkbox"/> School Credit/Community Service	_____	_____	_____
	Name of School	# of Hours	Deadline (mm/dd/yy)
<input type="checkbox"/> Court-ordered Community Service	_____	_____	_____
Please provide documentation from the court/agency	Name of court or agency requiring the service	# of Hours	Deadline (mm/dd/yy)
	_____	()	
	Court / Agency Contact		Phone

Other, please describe:

Please tell us if you need any accommodations to perform your volunteer tasks.

Why did you choose Bloodworks as a place to volunteer?

Please describe the qualities and skills you bring to your volunteer work.

Please tell us a bit about your hobbies, volunteering, education, or anything else you'd like us to know.

Where did you learn about our volunteer program?

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain. A conviction does not automatically preclude you from volunteering.

Parental/Guardian Authorization

Please accept this as authorization for my minor child (under age 18) to serve as a community volunteer at Bloodworks.

I understand my minor child will serve as a volunteer, in roles such as Donor Registration or Donor Monitor. Further, I understand my minor child may be exposed to biohazardous or other potentially infectious material in the course of his/her duties as a community volunteer. I have instructed my minor child to immediately contact a Bloodworks staff member in the event of an exposure to biohazardous or other potentially infectious material. I also understand my minor child will be trained in proper procedures so as to lessen the possibility of exposure.

Child's First & Last Name

Parent/Legal Guardian's First & Last Name

Parent/Legal Guardian's Street Address

Parent/Legal Guardian's Phone Number

Parent/Legal Guardian's Signature

Date (mm/dd/yy)

