



Leslie Eagan, Partner Relations Manager
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Volunteer Application

Date of Application: _____

Name: _____ DOB (Month and Day): _____

Address: _____ City/State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

E-mail: _____

***Preferred Method of Contact (Please Circle One) Phone or Email**

Have you been previously employed by the San Diego Blood Bank? Yes No

From: _____ To: _____ Location: _____

Are you related to anyone at the San Diego Blood Bank: Yes No Name: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone Number (Include area code): _____ Work and/or Cell (Please specify): _____

EMPLOYMENT

Are you currently employed? Yes No Full Time Part Time

Position/Title: _____

Employer: _____

Special training, education, skills, hobbies: _____

Groups, clubs, organizational memberships: _____

Please Describe Your Prior Volunteer Experience (If Applicable).

Volunteer Program	Duties Performed	Dates

Why do you want to volunteer or what do you hope to gain from this volunteer experience at the San Diego Blood Bank? _____

Will you be receiving academic credit for your volunteer work? Yes No If yes No. of hours _____
Are your volunteer service hours court ordered? Yes No If yes No. of hours _____
Have you ever been convicted of a crime? Yes No

If yes, please explain the nature of the crime, the date of conviction, and the disposition. (Conviction of a crime is not an automatic disqualification to volunteer with SDBB.) _____

JOB ASSIGNMENT: Please check assignments of interest.

- Canteen Host:* Volunteers serve refreshments to donors. Circle preferred location: North County, North Coastal, Sabre Springs, Carmel Valley or Gateway Donor Centers. Bi-Weekly, 4 hour shifts.
- Bloodmobile Greeter:* Volunteers provide donor orientation at blood drives throughout the county. Time commitment is flexible.
- Special Projects/Clerical:* Volunteers have the opportunity to work in various assignments throughout the year for the Foundation Dept.
- Health Fair Representative:* Provide educational information about the San Diego Blood Bank and its mission at health fairs.

AVAILABILITY: Please list times you are available.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

How did you hear about the San Diego Blood Bank's Volunteer Program?

- Newspaper
- School
- Internet: _____
- I am a blood donor.
- Another volunteer
- Other (please specify) _____

REFERENCES: Please list two people who know you well and can attest to your character, skills, and dependability. Include your current or last employer (if applicable).

Name/Address (Company name if applicable)	Telephone #	Relationship	Length of Relationship

I certify that all statements made on this application are true and correct. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits and not as a paid employee. The San Diego Blood Bank reserves the right to terminate a volunteer's services at any time.

Print Name: _____

Signature of Applicant: _____

Date: _____