STUDENT VOLUNTEER FORM

PERSONAL INFORMATION
Name: _______________________________   DOB: ____________________________
Address: _____________________________   City/State: ___________________   Zip: _________
Phone (include area code): Home: ___________________   Cell: ______________________
E-mail: ______________________________

Are you at least 17 years old? (Canteen Host Volunteers must meet minimum age requirement)  ☐ Yes  ☐ No
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): ______________________

Please Describe Your Prior Volunteer Experience (If Applicable).

<table>
<thead>
<tr>
<th>Volunteer Program</th>
<th>Duties Performed</th>
<th>Dates</th>
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EDUCATION
Name of University or High School: ______________________________
Will you be receiving academic or community service credit?  ☐ Yes  ☐ No
How many hours needed? __________ (minimum 25 hrs.)   Completed by when? __________

DONOR CENTERS
Check preferred location: ☐ Gateway (San Diego)   ☐ Carmel Valley  ☐ Sabre Springs
☐ North County (Escondido)   ☐ North Coastal (Vista)

AVAILABILITY: Please list times you are available.

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<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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How did you hear about the San Diego Blood Bank’s Volunteer Program?
☐ Newspaper   ☐ Internet   ☐ School
☐ I am a blood donor   ☐ Another Volunteer   ☐ Other (please specify): __________________________

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.

Signature of Applicant _______________________________   Date _________________

Thank you for your interest.
Please return to Leslie Eagan, fax 619.725-3002 or email leagan@sandiegobloodbank.org