

Blood Center Volunteer Application – Find the HERO in You!

Last Name	First Name	Date of Birth	
Mailing Address	City	State	Zip Code
Home Phone	Cell Phone		
Email Address			
Emergency Contact	Phone	Relationship	
If you are under the age of 18, the Minor Parent/Guardian Permission and Release section must be completed.			

In which position(s) are you interested?

<input type="checkbox"/> Canteen Volunteer	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Guest Service Volunteer
<input type="checkbox"/> Courier Volunteer	<input type="checkbox"/> Special Events	<input type="checkbox"/> Reminder Call Volunteer

Where would you like to volunteer?

<input type="checkbox"/> Spokane/North Spokane Center	<input type="checkbox"/> Community Drives – Area _____
<input type="checkbox"/> Coeur d'Alene Center	<input type="checkbox"/> Mobile Blood Drives
<input type="checkbox"/> Lewiston Center	<input type="checkbox"/> Billings Center/Mobiles
<input type="checkbox"/> Moscow/Pullman Center	<input type="checkbox"/> Bozeman Center/Mobiles
<input type="checkbox"/> Moses Lake Center	<input type="checkbox"/> Butte Center/Mobiles

Comments: _____

References

Name	Phone	Relationship

Office Use Only

Date Received _____ Contact _____

30 hr Commitment or SL _____ Orientation Date _____

Center _____

Notes _____

Volunteer Agreement

I, _____ agree to provide volunteer service to the Blood Center as set forth below. I will:

- Engage only in those assignments or activities that have been assigned
- Not receive monetary compensation for my services
- Meet attendance and performance requirements
- Not discriminate in the performance of my duties based on religion, sex, color, race, national origin, age, sexual orientation/gender identity or expression, marital status, or the presence of any physical, mental or sensory disability
- Not report for volunteer activities under the influence of alcohol or drugs
- Report, without delay, any condition that may be potentially dangerous or any other problem to my supervisor or staff member
- Not give out or discuss any specific personal information about any individual regardless of the source of information, keeping with laws of confidentiality and the Privacy Rule
- Follow staff directions while on mobiles/facility grounds
- Follow attire guidelines specific to duties assigned
- Commit to volunteer 30 hours per year, to the best of my ability

In consideration of the above conditions, I understand that:

- I am responsible for my own actions and agree to use due care and caution when providing volunteer service.
- Should I be injured while engaged in authorized volunteer service, I will be covered under Blood Systems, Inc. (BSI) liability insurance. I must notify the Community Outreach Coordinator or Lead staff member and file a safety report immediately.
- Failure to meet any or all of these conditions may be grounds for termination from participation in the volunteer program.

I hereby affirm that the information provided on this application and any accompanying materials is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from consideration as a volunteer for the Blood Center or for continued service if discovered after I begin volunteering. I understand that the Blood Center may conduct reference checks as part of the volunteer selection process. I release, hold harmless, and promise not to claim damages from anyone providing information.

Signature

Date

Minor Parent/Guardian Permission and Release

I give permission for my son/daughter to become a volunteer with the Blood Center. I understand that my son/daughter will be assigned to work under the supervision of an adult in a fixed site canteen or office setting. During the school year, volunteer hours will not exceed 20 hours/week and hours/day will not exceed 4 hours during the school week, 8 hours during weekends. During the summer, volunteer hours will not exceed 48 hours/week and hours/day will not exceed 8 hours.

Parent/Guardian Signature

Date

Print Name