

Mr. Mrs. Ms.

Last Name	First Name	Middle Name	Nickname
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Street Address	City	State	ZIP	County
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Home Phone	Work Phone	Cell Phone	OK to text message? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other	E-mail	Date of Birth <small>(Ages 14-17 requires parental authorization form)</small>
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Emergency Contact Name	Emergency Contact Phone	Emergency Contact E-mail	Relationship to person
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Please help us learn more about you. Which best describes your current status:

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

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	Name of court or agency requiring the service	# of Hours	Deadline (mm/dd/yy)
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	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)

Background Check – Authorization, Waiver and Release

Authorization to obtain records and other information for volunteer application purposes and full release from liability of all parties for any claims, of any nature whatsoever.

To the applicant: This form must be filled out completely, truthfully and with absolutely no omissions. Leave no blanks. Direct any questions to Volunteer Services Supervisor. READ ALL INFORMATION CAREFULLY BEFORE SIGNING.

I hereby authorize Bloodworks Northwest to contact any third party and/or utilize the services of an outside agency to conduct an investigation that will include information of both public and private records, which could include, but may not be limited to, driving records, employment records, as well as civil and criminal court records. I certify under penalty of perjury that the information I have provided in my application and during the process of becoming a volunteer at Bloodworks is true, accurate and complete. I understand that if accepted as a volunteer, that any false, incomplete, misleading, or inaccurate statement or omission of information on my application or that I provide Bloodworks during the application process or at anytime while I serve as a volunteer may result in my dismissal and/or disqualification for volunteer opportunities. I further understand that this application is not intended to be a contract of employment or volunteer involvement, nor does this application serve as an obligation in any way to provide me with volunteer opportunities or require that I volunteer anytime at Bloodworks Northwest.

I hereby fully waive any and all claims of any nature whatsoever against Bloodworks, its employees, agents and assigns; and, any third party that provides Bloodworks information about me; and, any outside agency utilized by you as a result of any information which is obtained in this investigation. In addition, I agree to hold harmless Bloodworks and its employees, agents and assigns; and, any third party that provides Bloodworks information about me; and any outside agency utilized by Bloodworks to obtain information about me.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

I have read the above carefully and understand that this is a full and complete waiver of any claims, of any nature whatsoever, that I may have against Bloodworks or any of the parties described above. Yes No

Signature	Date (mm/dd/yy)	First, Middle and Last Name (please print)
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Parent/Legal Guardian Signature if under 18	Date (mm/dd/yy)	First and Last Name (please print)
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Additional Information needed to conduct the background check:

Other Names Used (e.g., maiden names, aliases, nicknames) _____

Male Female

_____ Date of Birth (mm/dd/yy)

Thank you for applying to volunteer with Bloodworks Northwest! Like donating blood, volunteering is vital to the community. You will be contributing to your community in a very special way by helping save lives!

1. Please return this completed application to the Volunteer Services Coordinator for your region or to your local Bloodworks Donor Center.
2. Please provide contact information for one reference, either personal or professional (not a family member).

_____	(_____)	_____
Reference’s first and last name	Reference’s phone number	Reference’s e-mail address