



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

Please Describe Your Prior Volunteer Experience (If Applicable).

| Volunteer Program | Duties Performed | Dates |
|-------------------|------------------|-------|
| | | |
| | | |

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.

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

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