

# VOLUNTEER *application*

## **We invite you to join our volunteer team!**

Southwest Washington Blood Program is a volunteer-supported, nonprofit community resource serving patients in this part of the state for nearly 15 years. Part of Puget Sound Blood Center, we have a long and unique tradition of blending community volunteerism, medical science, and research to improve patients' lives.

As a Southwest Washington Blood Program volunteer, you join an organization with more than 3,000 volunteers actively partnering with approximately 800 full-time employees. Every day, lives are saved because nearly 900 community members give blood. Blood Program volunteers are part of the team that helps provide steady, safe and reliable blood services to the communities, hospitals and patients we serve.

Southwest Washington Blood Program is an Equal Employment Opportunity / Affirmative Action Employer committed to workforce diversity. Applicants are considered for volunteer service without regard to race, color, religion, national origin, sex, age (40+), disability, veteran status, marital status, creed, sexual orientation, ancestry or political ideology.

By volunteering your time, you are part of the lifesaving link that delivers blood to patients in need. Together, we are saving lives.



**SOUTHWEST  
WASHINGTON  
BLOOD PROGRAM**

Mr.  Mrs.  Ms.

Last Name		First Name		Middle Name	Nickname
Street Address		City	State	ZIP	County
( )	( )	( )			
Home Phone	Work Phone	Cell Phone	OK to text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	E-mail	Date of Birth		<b>(Ages 14-17 requires parental authorization form)</b>	
Emergency Contact Name	Emergency Contact Phone	Emergency Contact E-mail	Relationship to person		

**Please help us learn more about you. Which best describes your current status:**

Student \_\_\_\_\_  Employed \_\_\_\_\_  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:**

- Monitoring donors in the canteen and serving refreshments
- Calling donors to remind them of their appointment
- Organizing a blood drive or a bone marrow drive
- Registering donors to donate blood
- Screening the applications of potential bone marrow donors
- Setting up blood drive signage in your community (must be able to lift 20 pounds)
- Assisting with office duties – filing, mailing, etc.
- Driving blood and supplies between Blood Center locations (Seattle metro area primarily, but could include riding the ferry)
- Assisting with events
- 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.)**

- Bellingham
- Bellevue
- Central Seattle
- Everett
- Federal Way
- Lynnwood
- North Seattle
- Olympia
- Silverdale
- Tukwila
- Vancouver

**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
- Only my local blood drive. Name of drive: \_\_\_\_\_

**Are your volunteer hours required?  Yes  No**

School Credit/Community Service

Name of School	# of Hours	Deadline (mm/dd/yy)
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Court-ordered Community Service  
*Please provide documentation from the court/agency*

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 Southwest Washington Blood Program as a place to volunteer?

Please describe the qualities and skills you bring to your volunteer work.

Would you 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 Southwest Washington Blood Program.

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 Southwest Washington Blood Program 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 Signature

Parent/Legal Guardian's Street Address

Parent/Legal Guardian's Phone Number

Date (mm/dd/yy)



# VOLUNTEER *application form*

## 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 Puget Sound Blood Center 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 Puget Sound Blood Center 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 Puget Sound Blood Center 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 Puget Sound Blood Center.

I hereby fully waive any and all claims of any nature whatsoever against Puget Sound Blood Center its employees, agents and assigns; and, any third party that provides Puget Sound Blood Center 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 the Puget Sound Blood Center and its employees, agents and assigns; and, any third party that provides Puget Sound Blood Center information about me; and any outside agency utilized by Puget Sound Blood Center 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 Puget Sound Blood Center or any of the parties described above.  Yes  No

_____ Signature	_____ Date (mm/dd/yy)	_____ First, Middle and Last Name (please print)
_____ Parent/Legal Guardian Signature if under 18	_____ Date (mm/dd/yy)	_____ First and Last Name (please print)

### 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 Southwest Washington Blood Program's volunteer program! Volunteering is as vital to the community as a blood donation. You will be contributing to your community in a very special way. You will help save lives.

1. Please return this completed application to the Volunteer Services Coordinator for your region or mail entire packet to:  
Volunteer Services  
Puget Sound Blood Center  
1021 112th Ave NE  
Bellevue, WA 98004
2. Please give reference forms to 2 persons and ask them to complete the self addressed form, fold, tape closed and place in the mail or return completed form in person to your Blood Program representative.

# VOLUNTEER *reference form*

To provide volunteer blood donors and the community with the best possible service, it is necessary for us to ask that all volunteer applicants provide two references. Your references may be personal or professional, but not from family members. Please have a person whom you have known for at least one year answer the following questions.

\_\_\_\_\_  
Applicant's First and Last Name

\_\_\_\_\_  
Volunteer Position and Location

*If you don't know the Volunteer Services Coordinator's name, please indicate the donor center or location where you are interested in volunteering.*

\_\_\_\_\_  
Name of Volunteer Services Coordinator at Southwest Washington Blood Program

\_\_\_\_\_  
Reference's First and Last Name

\_\_\_\_\_  
Reference's Daytime Phone

\_\_\_\_\_  
Reference's E-mail

What is your relationship to the person applying for a volunteer position with Southwest Washington Blood Program? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

## Would you please comment on the applicant's qualifications in relation to:

Communication skills:

\_\_\_\_\_

Reliability:

\_\_\_\_\_

As a member of a team:

\_\_\_\_\_

Please provide any further information that you feel is relevant in helping us determine his or her role as a volunteer at the Blood Program:

\_\_\_\_\_

If you would like to provide further information, please contact us at (800) 398-7888 or e-mail [schedule@psbc.org](mailto:schedule@psbc.org) and ask for the Volunteer Services Coordinator listed above.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**Thank you. Please fold, tape closed and place in the mail or return completed form in person to your Blood Program representative.**

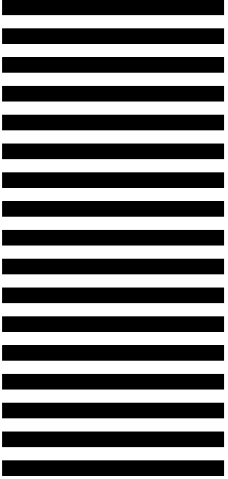
**SOUTHWEST  
WASHINGTON  
BLOOD PROGRAM**



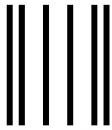
PUGET SOUND BLOOD CENTER  
 VOLUNTEER SERVICES - BELLEVUE  
 921 TERRY AVE  
 SEATTLE WA 98104-9845

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
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 UNITED STATES



**Fold in Half**