

Volunteer Application

Thank you for offering your time and talent to the SunCoast Blood Bank. Your efforts can help ensure we continue to meet the on-going need to provide a reliable supply of quality blood products and services to the community. In order to properly place you in a volunteer position, please fill out the form below so we may be aware of your interests, special skills and abilities.

Volunteers make a world of difference!

Date _____

Last Name	First	Middle
Street Address		City, State/Zip Code
Phone Number (Home)	(Cell)	
Email Address		

Date of Birth _____ Are you a seasonal resident? Yes No

- Who should we contact in case of emergency?

Name	Address	Phone Number
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- Have you ever been convicted of a crime? _____ If so, please explain and give dates. _____
- Do you have any physical limitations? _____ If so, please explain: _____

- Languages spoken other than English? _____

Education: Describe education, degrees

If applicable, current school and level / grade:

Skills/Training:

Please attach a resume. List any skills or abilities that you think would be of benefit to the blood bank.

- Days available: _____
- Time(s) available: _____

Current or last place of employment (please provide contact phone number)

Company: _____ State: _____

Position: _____ Phone: _____

Dates worked from: _____ to: _____

References:

Give the names and phone numbers of two non-family references, preferably work-or school-related.

1. Name: _____ Phone # _____

Title: _____ Company _____

2. Name: _____ Phone # _____

Title: _____ Company _____

Applicant's Signature

Date

SUNCOAST BLOOD BANK strives to provide all volunteers with a positive experience assisting SCBB staff members toward fulfilling their mission of providing a reliable supply of quality blood products and services to the community.