

# VOLUNTEER *application*

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

Puget Sound Blood Center is a resource for patients in Western Washington who need blood, tissue and specialized laboratory services. As an independent, nonprofit, volunteer-supported blood center, we have a long and unique tradition of blending community volunteerism, medical science, and research to improve patients' lives.

As a Puget Sound Blood Center 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 Center volunteers are part of the team that helps provide steady, safe and reliable blood services to the communities, hospitals and patients we serve.

Puget Sound Blood Center 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.



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?  Yes  No

\_\_\_\_\_  
Other E-mail Date of Birth  
**(Ages 14-17 requires parental authorization form)**

( )  
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:**

- |  |   |  |
|--|---|--|
| <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"/> Organizing a blood drive or a bone marrow drive                                   |
| <input type="checkbox"/> Registering donors to donate blood                        | <input type="checkbox"/> Screening the applications of potential bone marrow donors   | <input type="checkbox"/> Setting up blood drive signage in your community (must be able to lift 20 pounds) |
| <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"/> Assisting with events   |
|  |   | <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"/> Federal Way   | <input type="checkbox"/> Silverdale |
| <input type="checkbox"/> Bellevue        | <input type="checkbox"/> Lynnwood      | <input type="checkbox"/> Tukwila    |
| <input type="checkbox"/> Central Seattle | <input type="checkbox"/> North Seattle | <input type="checkbox"/> Vancouver  |
| <input type="checkbox"/> Everett         | <input type="checkbox"/> Olympia       |                                     |

**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)
- 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)  
Court /agency Contact: \_\_\_\_\_ Phone ( )

Other, please describe: \_\_\_\_\_

Please tell us if you need any accommodations to perform your volunteer tasks.

Why did you choose Puget Sound Blood Center 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 Puget Sound Blood Center.

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 Puget Sound Blood Center 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 Puget Sound Blood Center'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.

- 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
- 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 Center 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 Puget Sound Blood Center

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 Puget Sound Blood Center?

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 Center:

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 Center representative.**

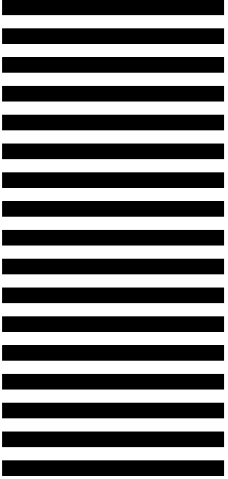




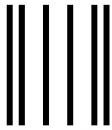
PUGET SOUND BLOOD CENTER  
VOLUNTEER SERVICES - BELLEVUE  
921 TERRY AVE  
SEATTLE WA 98104-9845

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**Fold in Half**