

VOLUNTEER APPLICATION FORM

Name Date

Address Phone

City, State, Zip

Email Birthdate / /

Are you at least 16 years of age or older? Yes No (Our minimum age is 16)

Have you been fully vaccinated against COVID-19? Yes No (Proof required as of 8/15/21)

WORK/VOLUNTEER EXPERIENCE:

Present or Most Recent Position

Address Phone

City, State, Zip

Description of duties

EDUCATION:

High School Graduated Yes No; expected graduation year

College Graduated Yes No; expected graduation year

Advanced Degree Yes No

Are you volunteering as a school requirement? Yes No

If "yes", how many hours does your school require and in what timeframe?

APPLICANT INFORMATION:

Please briefly explain your reasons for volunteering, including why you want to volunteer at SBC:

Describe your skills/strengths:

Please list any languages you speak other than English:

What position/s are you interested in (if known)?

What days/times are you available?

What geographic locations are you willing to travel to (between San Francisco County, Alameda County, Santa Clara County and Santa Cruz County)?

Can you commit to at least 1 year (with at least 100 hours) of volunteering at SBC? Yes No

(If no, explain why)

CRIMINAL HISTORY:

Have you ever been convicted of a misdemeanor or felony (other than a traffic violation, or convictions for marijuana offenses that are more than two years old)? Are there any misdemeanors or felony charges pending against you? Yes No

If yes, please explain below. Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to circumstances, seriousness and/or relationship to volunteer responsibilities. A background check is required for all potential volunteers, regardless.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age):

I give my consent for the child named on this application to provide volunteer services to Stanford Blood Center. I also give Stanford Blood Center consent to obtain any emergency medical treatment necessary for their safety.

Signature of parent/legal guardian

Date

Printed name of parent/legal guardian

Applicant Signature

Date