



VOLUNTEER APPLICATION FORM

NAME _____ TODAY'S DATE _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

BIRTH DATE _____
(YEAR OPTIONAL) _____ HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT:

(NAME) (RELATIONSHIP) (HOME PHONE) (WORK PHONE)

DO YOU KNOW ANYONE IN OUR EMPLOY? IF YES, WHOM: _____

HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM?

BBH Website Volunteer Hawaii Website Friend BBH Employee
 Other: _____

PREVIOUS VOLUNTEER EXPERIENCE

AGENCY	DUTIES	YEAR(S) INVOLVED
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

Company Name	Type of Business:
Address:	Supervisor's Name & Title:
Job Title:	Supervisor's Phone No:
Job Duties:	Reason for Leaving:
Hired:	Date Left:
Company Name	Type of Business:
Address:	Supervisor's Name & Title:
Job Title:	Supervisor's Phone No:
Job Duties:	Reason for Leaving:
Hired:	Date Left:

SPECIAL SKILLS

TYPING: _____ wpm COMPUTER SKILLS: WORD EXCEL ACCESS

AREAS OF INTEREST

- _____ CLERICAL (FILING, TYPING, COPYING, STUFFING ENVELOPES, ETC.)
- _____ DRIVING
- _____ COMMUNITY OUTREACH (HEALTH FAIRS, ETC.)
- _____ TELEPHONING DONORS (SCHEDULING APPOINTMENTS, REMINDER CALLS, ETC.)
- _____ DONOR CANTEEN; SERVING REFRESHMENTS/SCHEDULING PRE-APPOINTMENTS
- _____ OTHER (PLEASE SPECIFY BELOW)

AVAILABILITY

DAY(S) AVAILABLE (Please circle):

MONDAY	THURSDAY	SUNDAY
TUESDAY	FRIDAY	
WEDNESDAY	SATURDAY	

PREFERRED HOURS: _____ TO _____
 _____ TO _____

DO YOU HAVE ANY HEALTH RESTRICTIONS? _____ IF YES, PLEASE EXPLAIN.

REFERENCES (List 3 people, not related to you, who we may ask for comments regarding you)

NAME	TITLE/RELATIONSHIP	CONTACT #
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE

DATE

OFFICE USE ONLY

INTERVIEW DATE: _____
 INTERVIEW W/ VOLUNTEER/EMPLOYEE RELATIONS COORDINATOR: _____
 FOLLOW-UP INTERVIEW W/ DEPARTMENT DIRECTOR/SUPERVISOR: _____
 ASSIGNMENT: _____
 STARTDATE: _____



Blood Bank of Hawaii 2043 Dillingham Boulevard Honolulu, HI 96819
ADDITIONAL EMPLOYMENT HISTORY ATTACHMENT

Company Name	Type of Business:
Address:	Supervisor's Name & Title:
Job Title:	Supervisor's Phone No:
Job Duties:	Reason for Leaving:
Hired:	Date Left:
Company Name	Type of Business:
Address:	Supervisor's Name & Title:
Job Title:	Supervisor's Phone No:
Job Duties:	Reason for Leaving:
Hired:	Date Left:
Company Name	Type of Business:
Address:	Supervisor's Name & Title:
Job Title:	Supervisor's Phone No:
Job Duties:	Reason for Leaving:
Hired:	Date Left:
Company Name	Type of Business:
Address:	Supervisor's Name & Title:
Job Title:	Supervisor's Phone No:
Job Duties:	Reason for Leaving:
Hired:	Date Left: