



TEEN VOLUNTEER APPLICATION FORM

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

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ EMAIL ADDRESS: _____

HOME PHONE _____ WORK PHONE _____ CELLULAR _____

SCHOOL _____ GRADE: (CIRCLE) 9 10 11 12

PARENT/LEGAL GUARDIAN'S NAME _____ PHONE _____

CONTACT IN CASE OF EMERGENCY:

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

FAMILY PHYSICIAN _____ PHONE _____

DO YOU HAVE ANY RELATIVES OR ACQUAINTANCES AT THE BLOOD BANK? _____

IF YES, WHO? _____

HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM?

HAVE YOU VOLUNTEERED FOR THIS ORGANIZATION BEFORE? YES ___ NO ___

PREVIOUS VOLUNTEER WORK EXPERIENCE

AGENCY	DUTIES	YEAR INVOLVED
_____	_____	_____
_____	_____	_____

CURRENT VOLUNTEER WORK EXPERIENCE

AGENCY	DUTIES	YEAR INVOLVED
_____	_____	_____
_____	_____	_____

V0003 8/03

SPECIAL SKILLS

DO YOU HAVE ANY SPECIAL SKILLS WHICH MAY BE HELPFUL, SUCH AS:

_____ FOREIGN LANGUAGE (IF SO, WHICH LANGUAGE(S)?) _____
_____ MEDICAL TRAINING _____
_____ COMPUTER TRAINING (IF SO, PROGRAMS?) _____
_____ OFFICE SKILLS _____
_____ OTHERS _____

AREAS THAT YOU ARE INTERESTED IN VOLUNTEERING

_____ OFFICE WORK (FILING, TYPING, COPYING, STUFFING ENVELOPES,
ETC.) AT THE DILLINGHAM FACILITY
_____ SPEAKING TO SMALL GROUPS OR SCHOOL CLASSES
_____ TELEPHONE CALLING (SCHEDULING APPOINTMENTS, REMINDER
CALLS, ETC.)
_____ CANTEEN (SERVING REFRESHMENTS TO DONORS, SCHEDULING PRE-
APPOINTMENTS)
_____ WORKING AT COMMUNITY HEALTH FAIRS

AVAILABILITY

DAYS AVAILABLE (Please circle): MONDAY THURSDAY SUNDAY
TUESDAY FRIDAY
WEDNESDAY SATURDAY

PREFERRED HOURS: _____ TO _____
_____ TO _____

DO YOU DRIVE? _____

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

SIGNATURE DATE

PARENT'S SIGNATURE DATE

*Your signature indicates your approval for your teen's participation in the Blood Bank of Hawaii's
volunteer program, your acknowledgement that he or she is in good health and your consent for us to
contact your child's physician in the case of an emergency.*

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OFFICE USE ONLY

INTERVIEW DATE: _____
INTERVIEW W/ DIRECTOR/ SUPPORT STAFF: _____
ASSIGNMENT: _____
START DATE: _____