



# Blood Bank of Hawaii

## VOLUNTEER APPLICATION FORM

DATE: \_\_\_\_\_

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS:				
BIRTH DATE	HOME PHONE		CELL PHONE	

### HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM?

- BBH Website     
  Friend     
  BBH Employee  
 Other: \_\_\_\_\_

### EMERGENCY CONTACT

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
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### PREVIOUS VOLUNTEER EXPERIENCE

AGENCY	DUTIES	YEAR(S) INVOLVED

### AREAS OF INTEREST

- Donor Canteen     
  Reminder Calling     
  Clerical     
  Special Projects

### AVAILABILITY

DAY(S) AVAILABLE (Please circle):

MONDAY	THURSDAY	SUNDAY
TUESDAY	FRIDAY	
WEDNESDAY	SATURDAY	

HOURS: \_\_\_\_\_ TO \_\_\_\_\_  
 \_\_\_\_\_ TO \_\_\_\_\_

DO YOU HAVE ANY HEALTH RESTRICTIONS?  Yes  No

IF YES, PLEASE EXPLAIN.

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## REFERENCES (List 3 people, not related to you)

NAME	TITLE/RELATIONSHIP	PHONE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

*Your signature indicates your approval for your teen to participate in Blood Bank of Hawaii's Volunteer Program.*

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**OFFICE USE ONLY**

INTERVIEW DATE:
FOLLOW-UP INTERVIEW W/DEPARTMENT SUPERVISOR (IF APPLICABLE):
BBH VIP DATE:
ASSIGNMENT:
START DATE: