



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.



Blood Bank of Hawaii

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.

OFFICE USE ONLY

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