

# STANFORD BLOOD CENTER

3373 Hillview Avenue, Palo Alto, CA 94304

## **VOLUNTEER APPLICATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Birth date (mo/day) \_\_\_\_\_

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

### **WORK/VOLUNTEER EXPERIENCE:**

Present or Most Recent Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of duties \_\_\_\_\_

### **EDUCATION:**

High School \_\_\_\_\_  
Graduated Yes No, expected graduation date \_\_\_\_\_

College \_\_\_\_\_  
Graduated Yes No Advanced degree Yes No

Are you volunteering as a school requirement? \_\_\_\_\_

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

### **APPLICANT INFORMATION:**

Please explain your reasons for volunteering including why you want to volunteer at Stanford Blood Center:

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Describe your skills/strengths: \_\_\_\_\_

Do you speak languages other than English? (Please list) \_\_\_\_\_

What position/s are you interested in? \_\_\_\_\_

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 **1 year and 50 hours of volunteering** at Stanford Blood Center? (If no, explain why)  
\_\_\_\_\_

**REFERENCES:**

Please list 2 people who are not related to you who we may contact who can provide a personal and/or professional reference.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

**DRIVING INFORMATION:**

If you are volunteering for a position that requires driving, SBC requires a valid driver's license and proof of automobile insurance. Do you agree to provide this information, and immediately notify the Volunteer Manager if your driver's license is restricted, suspended, revoked or expired? A driving background check may be required.

Yes \_\_\_\_\_ No \_\_\_\_\_

**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 may be required.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_