

Community Blood Center  
Community Tissue Services  
Dayton, OH 45402

# GIFT OF LIFE COURIER® VOLUNTEER APPLICATION®

Community Blood Center/ Community Tissue Services™ 349 S. Main St., Dayton, Ohio 45402  
(We cannot accept volunteers mandated by a court to perform community service hours)

Last Name (Print): \_\_\_\_\_ First Name (Print): \_\_\_\_\_  
MI: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_  
Street: \_\_\_\_\_  
P.O. Box/Apt #: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

What function(s) would you like to perform while volunteering (please  all that apply)

Guest Relations Ambassador  
 Administrative Support Hero  
 Hero Support Team (Groups only)  
 **Gift of Life Courier**  
 Intern:  HR  Newsletter  Branch  
Location of Branch: \_\_\_\_\_  
 Other \_\_\_\_\_

## EDUCATION BACKGROUND

	Name of School	Specialty/Major	Graduated/Degree
High School	_____	_____	_____
Bus./Voc.	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____

What languages other than English do you speak, read or write? \_\_\_\_\_

## EMPLOYMENT HISTORY and SKILLS

Present or immediate past employment history (attach resume if you choose)

Employer: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Please check any skills you have had at least 3 months of experience:**

Clerical  
 Computer Programs or software \_\_\_\_\_  
 Customer Service  
 Database Management Programs \_\_\_\_\_  
 Volunteer? Where? \_\_\_\_\_  
How long? \_\_\_\_\_ years \_\_\_\_\_ months  
 Other skills \_\_\_\_\_  
 Other hobbies \_\_\_\_\_

(TURN PAGE OVER TO COMPLETE)

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These references will be checked. List two people, other than family, who know your qualifications and/or background.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_  
Evening Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_  
Evening Phone: ( ) \_\_\_\_\_

**COMMITMENT**

Because of training and support we request that each volunteer commit to a minimum number of 4 hours per month (30 working days =1 month period).

Are you willing to meet this expectation? Yes \_\_\_ No \_\_\_

**Availability:** (*circle appropriate response*)      **Flexible** (anytime)      **Location**

Monday      AM      PM      Friday      AM      PM      \_\_\_\_\_ Main Office

Tuesday      AM      PM

Wednesday      AM      PM

Thursday      AM      PM

Have you ever been a CBC/CTS volunteer? Y \_\_\_ N \_\_\_ If yes, where/dates? \_\_\_\_\_

Can you perform the essential duties of this position with or without accommodation? Y \_\_\_ N \_\_\_

You will be asked to attend an orientation/ training. What time period are you available?  
\_\_\_ Morning 10am- Noon    \_\_\_ Afternoon 1-3pm    \_\_\_ Evening 7-9pm

Have you ever been convicted of a felony? Y \_\_\_ N \_\_\_

If yes, explain \_\_\_\_\_

Please note: Senate Bill #187 requires us to notify all volunteers that they may be subject to a criminal records check if any volunteer assignment with CBC/CTS allows you unsupervised access to anyone under the age of 18 years.

With my signature below, I hereby give CBC/CTS permission to inquire into my educational background, personal references, driving record, police records (criminal background check), and employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to CBC/CTS. I will be expected to sign and uphold a confidentiality agreement as attached.

I do hereby hold the CBC/CTS harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to CBC/CTS. I understand that CBC/CTS will use this information as part of its verification of my volunteer application.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature when applicant is under 18 years of age:** \_\_\_\_\_ **Date** \_\_\_\_\_

(END)