

VOLUNTEER AMBASSADOR 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 ____

Home Address:

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's Support Team /Groups
 Scrapbook Hero
 Quilt Square Hero
 Courier/ Driver
 Internship: Facilities HR Newsletter
 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 _____

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

Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Daytime Phone: () _____	Daytime Phone: () _____
Evening Phone: () _____	Evening Phone: () _____

COMMITMENT

Because of training and support we request that each volunteer commit to a minimum number of 8 hours per year (year=12 month period).

Are you willing to meet this expectation? Yes ___ No ___

<u>Availability:</u> (<i>circle appropriate response</i>)	<u>Flexible</u> (anytime)	<u>Location</u>
Monday AM PM Friday	AM PM	_____ Main Office
Tuesday AM PM Saturday	AM	_____ Suburban Sites
Wednesday AM PM		_____ Flexible
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** _____