



Central California
Blood Center

4343 W. Herndon Avenue, Fresno, California 93722

APPLICATION FOR VOLUNTEER SERVICES

Date: _____

Email Address: _____

Last Name _____ First _____ Middle _____ Birthday (m/d/y) _____

Street Address _____ City _____ State _____ Zip Code _____ How Long? _____

Social Security # _____ Home Phone # _____ Work Phone # _____ Message Phone # _____

WORK/VOLUNTEER EXPERIENCE:

Volunteer Experience: _____

Employment/Education: _____

Hobbies and Personal Interests: _____

Car Availability: Yes No

Languages Spoken: _____

Why are you interested in becoming a volunteer? _____

How did you hear about the volunteer opportunities at CCBC? _____

Is there a specific area you are interested in working?

Field Drives Other Canteen Hosp Svcs Driver

DAYS AVAILABLE: Mon Tue Wed Thurs Fri Sat Sun

Morning: _____ Afternoon: _____ Evening: _____

Are there any physical limitations that might/will affect your ability to perform certain tasks?

Yes No If yes, please describe: _____

Have you ever been convicted of a felony? Yes No

Please Explain: _____

Employed Retired

If Retired, do you belong to R.S.V.P. (Retired Senior Volunteer Program?) Yes No

STUDENT VOLUNTEERS ONLY: (Current High School/College Information)

School/College Attending: _____ Grade: _____

College Major: _____ Major: _____

Is volunteer work a requirement for school credit? Yes No If yes, hours needed _____

Completion Date of required Volunteer Service: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____ Home Phone #: _____

I hereby give permission for the Central California Blood Center to check my references and verify the above information. I certify that the information contained in this application is correct to the best of my knowledge. (Please sign and date below)

Signature

Date