



# VOLUNTEER APPLICATION

Florida's Blood Centers, Inc.  
8669 Commodity Circle  
Orlando, FL 32819

**It's  
About  
Life!**

## INSTRUCTIONS:

Please complete this entire form.

Today's Date: ____/____/____		Referral Source: <input type="checkbox"/> Walk-in <input type="checkbox"/> School <input type="checkbox"/> Volunteer, specify name: _____ <input type="checkbox"/> Newspaper			
Last Name		First Name		Middle Name	
Date of Birth: ____/____/____		Social Security number:		E-mail Address:	
Home Address		City		State	Zip Code
Home Phone number ( )		Alternate Phone number ( )			
Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Phone ( )			
Education Background: <input type="checkbox"/> High School _____ <input type="checkbox"/> Vocational _____ <input type="checkbox"/> College _____ <input type="checkbox"/> Graduate School _____					
Reason for becoming a Volunteer with Florida's Blood Centers:					
Schedule available: Please circle <b>Morning</b> <b>Afternoon</b> <b>Evening</b>			Days available: Please circle <b>M</b> <b>T</b> <b>W</b> <b>TH</b> <b>F</b> <b>Sa</b> <b>Su</b>		
Specify desired hours: _____ to _____			Branch location preferred:		
Work preferred: Please circle Clerical      Data Entry      Telephone      Donor Room Assistance      Driving (must have own vehicle)      Maintenance					
If applying for a driver's position, please provide your name as written on driver's license: _____ Drivers license number: _____					
Has your license ever been revoked or suspended?      YES   or   NO					
Dates: _____ Explanation: _____					

Please provide two references other than family or friends and preferably from any involvement with community service (i.e. Churches, Schools, Outreach programs, Health Care, etc.)

Name of Reference/ Organization:	Supervisor/ Contact:
Dates: From _____ To _____	Phone number: (     )
Duties performed:	
Name of Reference/ Organization:	Supervisor/ Contact:
Dates: From _____ To _____	Phone number: (     )
Duties performed:	

**APPLICANT'S STATEMENT**

*I UNDERSTAND THAT IN THE EVENT MY APPLICATION IS ACCEPTED FOR CONSIDERATION OF VOLUNTEERING THAT I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION AND DO HEREBY RELEASE ANY AND ALL PERSONS, COMPANIES OR AGENCIES RESPONDING TO SUCH INVESTIGATION FROM LIABILITY FOR ANY DAMAGE DUE TO RELEASING INFORMATION.*

*I CERTIFY THAT ANSWERS GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT MISREPRESENTATION OF FACTS ASKED FOR ON THIS APPLICATION OR INTERVIEW IS CAUSE FOR REJECTION OF THIS APPLICATION OR FOR SUBSEQUENT DISMISSAL FROM VOLUNTEERING NO MATTER WHEN DISCOVERED. IN CONSIDERATION OF MY VOLUNTEERING, I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF FLORIDA'S BLOOD CENTERS, INC.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date