



4343 W. Herndon Avenue, Fresno, California 93722

APPLICATION FOR VOLUNTEER SERVICES

(PLEASE PRINT CLEARLY)

DATE

EMAIL ADDRESS

LAST NAME

FIRST NAME

BIRTHDAY (MONTH ONLY)

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NO.

MESSAGE/CELL PHONE NO.

ARE YOU 17 OR OLDER? YES NO
(Circle one)

PRIOR VOLUNTEER EXPERIENCE _____

LANGUAGE(S) SPOKEN (OTHER THAN ENGLISH)

WILLING TO SERVE AS AN INTERPRETER? YES NO
(Circle one)

DO YOU HAVE ANY PHYSICAL LIMITATIONS AFFECTING YOUR ABILITY TO PERFORM CERTAIN TASKS?
IF YES, PLEASE DESCRIBE, BRIEFLY. _____ YES NO
(Circle one)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
(Circle one)

IF YES, PLEASE LIST THE DATE(S) OF THE CONVICTION(S) AND ANY FACTS AND CIRCUMSTANCES SURROUNDING THE CONVICTION.
CONVICTION DOES NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION FOR VOLUNTEER SERVICE.

IF YOU ARE A STUDENT, PLEASE PROVIDE CURRENT HIGH SCHOOL/COLLEGE INFORMATION

A. HIGH SCHOOL/COLLEGE ATTENDING _____ GRADE _____

B. IS VOLUNTEER WORK REQUIRED FOR SCHOOL CREDIT? (Circle one) YES NO IF YES, HOURS NEEDED _____

C. WHAT IS THE COMPLETION DATE OF THE REQUIRED VOLUNTEER SERVICE? _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ HOME PHONE NO. _____

I hereby give permission for 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.

SIGNATURE

DATE

STAFF ONLY:

NV FIELD DRIVES ____ SV FIELD DRIVES ____ JEDC ____ NFDC ____ FDC ____ VDC ____ PDC ____