



7595 Centurion Parkway  
Jacksonville, FL 32256  
904-353-8263 ext. 2334

**THE BLOOD ALLIANCE VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street / PO Box Apt# City State Zip

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Do you have your own transportation? \_\_\_\_\_

Are there any medical problems or issues of which we should be aware in the event of an emergency? \_\_\_\_\_  
If so, what? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**(This section for court-ordered community service volunteers only.)**

Probation Officer name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Description of offense: \_\_\_\_\_

Number of hours to fulfill: \_\_\_\_\_ Required completion date: \_\_\_\_\_

**Education:**

Are you currently a student? \_\_\_\_\_ High School / College? \_\_\_\_\_

Please list any previous volunteer experience you have: \_\_\_\_\_

Please tell us why you want to volunteer with us: \_\_\_\_\_

I verify that all information given in this application is true to the best of my ability.

Signature

Printed name

Date

**VOLUNTEER INTEREST INFORMATION**

**Skills I have:**

- Advertising
- Brochure/pamphlet design and layout
- Calligraphy
- Clerical
- Commercial art/design
- Computer Applications \_\_\_\_\_
- Copy machine
- Data entry
- Filing / collating / record keeping
- Graphic art/layout
- Laboratory work (Experience: \_\_\_\_\_)
- Maintenance – handyperson
- People skills
- Photography
- Planning skills for events
- Public speaking
- Telephone etiquette

**Volunteer positions I'm interested in learning more about or doing for The Blood Alliance:**

- Drawing Room Assistant (Strip & Seal)
- Drawing Room Assistant (for Blood Mobiles that go out Mon-Sun)
- Special Events throughout the year
- Health Fairs for the consultants
- Clerical work at Central
- Blood Drop Suit

Additional interests or skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE BLOOD ALLIANCE**

**VOLUNTEER AGREEMENT**

This agreement is intended to indicate the degree of commitment, which we extend to our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our resolve to do the very best we can to make your volunteer experience a most productive and rewarding one.

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**I. AGENCY**

The Blood Alliance agrees to accept the services of:

\_\_\_\_\_ Beginning on \_\_\_\_\_  
(Volunteer Name) (DATE)

We commits to the following:

1. To provide adequate information, training and assistance for the volunteers to be able to meet the responsibilities of their positions.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from volunteers regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with staff, jointly responsible for completion of the agency mission.

**II. VOLUNTEER**

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures.
3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements may be made.
4. To take any problems, criticisms or suggests to the Volunteer Administrator.
5. To consider as CONFIDENTIAL all information which I may hear directly or indirectly while serving as a volunteer.
6. To adhere to The Blood Alliance dress code at all times and that I may be sent home for failing to comply with there policy.

**III. AGREED TO:**

\_\_\_\_\_  
Volunteer Signature/Date

\_\_\_\_\_  
Staff Signature/Date