

Name: _____
First MI Last

Address: _____

City: _____ ST _____ Zip _____

Phone Numbers: Day: _____ Evening: _____ Cell: _____

E-mail Address: _____ DOB _____
Optional (Month and Day Only)

Volunteers must be at least 16 years of age. By checking this box you are verifying that you meet our minimum age requirement

Why are you interested in being a LifeSource Volunteer? Is your volunteer service required? Yes/No School Court

How do you want to help? (Check all that apply.)

- Community Blood Drives Administrative Other Explain
 Donor Center Apheresis Educator _____

How did you learn of the LifeSource Volunteer Program?

What has been your past volunteer experience?

Please share a brief history of your work experience and education. Are you currently employed? Yes/No

Please list any special training or skills you have as well as any languages you speak in addition to English.

When are you available? Please check all that apply.	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Please provide us with 2 references. (Please do not list relatives.)

Name: _____ Name: _____
 Relationship: _____ Relationship: _____
 Organization: _____ Organization: _____
 Daytime Phone Number: _____ Daytime Phone Number: _____

Volunteer Office Use Only

Interview Date: _____

Orientation Date: _____

Date Received: _____

Start Date: _____

Assignment: _____