

Interviewed By:

Placement:

www.bloodbankofalaska.org

Volunteer Application

Thank you for your interest in the Blood Bank of Alaska. Volunteers play a vital role in the communities and the State of Alaska. All volunteer applications are reviewed with consideration of current volunteer opportunities.

Personal Details							
Last Name			First Name			M.I.	Date of Birth
Street Address			City			State	7in Codo
Street Address			City		State	Zip Code	
Home Phone Cell Phone			Work Phone		E-Mail Address		
Emergency	Relationship to you		Contact Phone Number				
Previous Volunteer Experience							
rievious	volunteer Experien	CC C					
Company Name			Company Contact			Telephone Number	
Company N	Company Contact			Telephone Number			
Additional Skills and Abilities Please list any additional skills and abilities.							
Availability Please provide the days and times you're available for work.							
711 411 411	Monday	Tuesday	Wedne		Thursday	Friday	Saturday
Morning	oay				1110110000		
Afternoon							
Evening							
Lveiling							
Statement of Volunteer:							
I have chosen to volunteer with the Blood Bank of Alaska. If I do become a volunteer, I understand that I am not eligible for any wages or benefits and I							
will work in accordance with the volunteer policies and safety standards of the Blood Bank of Alaska. I agree to maintain the confidentiality of donors,							
staff and volunteer information. I further understand that the volunteer relationship is based on the mutual consent of each volunteer and the							
organization. Accordingly, either the Blood Bank of Alaska or I can terminate the relationship at will, at any time, with or without notice.							
Yes, I agree to the above statement and the information provided is correct to the best of my knowledge.							
Applicant Signature:						Date:	
					1		

FOR OFFICE USE ONLY

Date:

How Long?