

Michigan Blood Volunteer Application

West Michigan Area

Last Name: _____ First Name: _____ MI: _____

Name, as you would like to be called: _____ Today's Date: _____

Home Address:	Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other
City: _____ Zip: _____ _____-_____-_____	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other
Email: _____	Best time to call: _____
Date of Birth: _____	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email

Education/Employment & Volunteerism:

Currently in school? Yes No Highest level completed: _____ Field of study: _____

Currently employed? Full time Part time Retired Where? _____

Previous work experience: _____

Previous volunteer experience: _____

Do you have reliable transportation? _____

Emergency Contact/Spouse Information:

Name: _____ Phone Number: _____

Relationship to you: _____ Alternate Phone Number: _____

Spouse's name (if applicable): _____ Anniversary date: _____

Check times *available* to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							
All day							

Are there any times when you *cannot* volunteer? _____

How long do you plan to volunteer here? _____

Referral:

How were you referred to us? _____

Please list any friends or relatives employed or volunteering with Michigan Blood: _____

What is your reason for desiring to volunteer at Michigan Blood? (Check all that apply):

- Volunteer work is required for/by _____ (reason)
- I'm trying to determine if this is the setting in which I wish to work
- I'm very interested in working for the Blood Center as my studies are in the medical field
- I'm a current or former blood donor interested in volunteering
- Other: _____

Have you ever been convicted of a crime other than a traffic violation or misdemeanor? Yes No

If yes, please indicate the nature and date of the occurrence: _____

Commitment Statement: I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and understand that falsification may prevent my placement. I also understand that a criminal background check will be conducted. I authorize Michigan Blood to contact the people I have listed as references on my background consent form. I am willing to volunteer 50 unpaid hours of service within a one-year period (students will pledge at least one full semester or summer). I willingly agree to be trained and oriented, wear an ID badge, accurately record my service hours, comply with the mandated dress code and any other mandatory requirements. I will be responsible and regular in my attendance and will notify the Volunteer Services department of any necessary absences.

Signature

Date

Permission for minor to participate in volunteer activities: *I permit my child to participate in volunteer activities and understand my child's services are donated.*

Parent signature

Date

Office Use Only:

- Phone Interview
- Reference Calls
- iChat
- PSOR
- Orientation date: _____
- Entered into system



CONSENT AND DISCLOSURE

Applicant's Legal Name: _____

I understand that Michigan blood will utilize the services of I-CHAT and PSOR websites, as a part of the procedure for processing my application for volunteer placement. I also understand that if my application is granted, Michigan Blood may obtain further information through subsequent investigations by STERLING so as to update, renew or extend this arrangement, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information regarding:

- Civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years
- Any other adverse item of information
- Criminal records without any time limitations, subject to any limitations or exceptions applicable under state and federal law

I also understand that before I am denied placement as a volunteer, based in whole or in part, on information obtained in the criminal background check, I will be provided with a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with any of the information in the report, I must notify Michigan Blood within five business days of my receipt of the report that I am challenging the accuracy of the information contained in this report and advise Michigan Blood as to the basis of my challenge.

In exchange for Michigan Blood's consideration of my application to volunteer, I agree not to file or pursue any complaints, claims or legal actions against Michigan Blood or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize Michigan Blood to procure a consumer report and/or investigative consumer report on my background as stated above from I-CHAT, PSOR, or STERLING. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, and other information below for my own benefit and fully understand that all relevant decisions are based on legitimate non-discriminatory reasons.

I also hereby acknowledge that I have received a copy of Michigan Blood's Volunteer Criminal Background Check Policy. I have been advised and understand that Michigan Blood will answer any questions which I may have regarding the policy and that my questions should be addressed to the Volunteer Services Coordinator.

Prior to signing this Acknowledgement Form, I read it carefully and had an opportunity to ask questions regarding its content.

Signature

Date

1 of 2

Over

PLEASE PRINT CLEARLY

Full First Name: _____ Middle Name or Initial _____

Last Name: _____ Date of Birth ____/____/____

All Other Names Known By: _____

Male Female

Drivers License Number _____ Primary Telephone Number (____) _____ - _____

CURRENT ADDRESS

Street Address and Apartment # _____

City _____ State _____ Zip Code _____ # yrs at this address _____

PREVIOUS ADDRESS

Street Address and Apartment # _____

City _____ State _____ Zip Code _____ # yrs at this address _____

PREVIOUS ADDRESS

Street Address and Apartment # _____

City _____ State _____ Zip Code _____ # yrs at this address _____

Please list two references (one each; personal and professional):

Reference 1:

Name: _____ Relationship: _____

Phone: _____ Type (circle): Personal or Professional

Reference 2:

Name: _____ Relationship: _____

Phone: _____ Type (circle): Personal or Professional