



IMPORTANT CERTIFICATION

Please read before signing.

I certify that the information I have entered on this form is true, accurate and complete to the best of my knowledge. I authorize Texas Blood Institute, or its authorized agents, to thoroughly investigate my references, work records, education and other matters relating to my suitability for volunteering. I hereby release Texas, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that if I conceal or enter false information on this form, my name may be removed from consideration, and I may be removed from the Volunteer Program with Texas Blood Institute; that the information in this application may be released by Texas Blood Institute in accordance with applicable law, and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand and agree to the information above.

Signature

Date

OFFICE USE ONLY:

INTERVIEW DATE: _____

ORIENTATION DATE: _____

TRAINING DATE: _____

PLACEMENT: _____

PHOTOCOPY PICTURE ID: _____

BACKGROUND CHECKS COMPLETED: _____

VOLUNTEER BADGE ISSUED: _____

TOOLKITS: _____

STATUS: _____

EVALUATION DATE: _____

FEEL GOOD. GIVE TIME.

(10/10, #60366)



Dear Future Volunteer,

Thank you for your interest in volunteering with our blood center. There's no better way to serve your community! Some 1,000 service volunteers give more than 30,000 hours each year in a number of fulfilling roles. We rely heavily on our volunteer staff to assist in making sure those in our hospitals have life-saving blood. Volunteers have the opportunity to gain an incredible, hands-on educational experience in our donor centers, at mobile blood drives and in our offices. Some obtain career skills and establish valuable professional contacts.

Before you apply, please review the requirements, expectations and benefits of Texas Blood Institute's Volunteer Program.

Purpose of the Volunteer Program:

- To contribute to the success of Texas Blood Institute by providing qualified assistance to paid staff in daily operations and special projects.

Requirements and Expectations:

- Participate in and successfully complete all requirements for our orientation/training course and demonstrate ability for the Volunteer position.
- Schedule one 4-hour shift every week or every other week (unless indicated by a particular position) as established with supervisor.
- Commit to 12 months of service (unless serving on a special project with shorter timeline).
- Adhere to dress codes and all other rules established for all Texas Blood Institute employees.

Benefits:

- The wonderful satisfaction of knowing you have made a life-saving impact for those in our community
- Congenial working environment, "family atmosphere"
- Continuing education and skills development
- References and recommendations
- Mileage and out-of-pocket expenses when necessary, tax deductions
- Flexible scheduling
- Newsletters
- Recognition event

Please review the additional information about our organization and volunteer service roles. Complete this application, and contact me or your area volunteer coordinator to schedule an interview. In the meantime, visit our website at www.txbi.org.

Thank you for your interest. We look forward to seeing you soon!

Stephanie Huston
Director of Volunteer Services
918-477-0420
shuston@obi.org

FEEL GOOD. GIVE TIME.

Texas Blood Institute strives to provide a positive and rewarding experience for people donating their time and talents.

To apply for the volunteer program, submit this completed application to the local volunteer coordinator or mail to Director of Volunteer Services, Oklahoma Blood Institute, 1001 North Lincoln Blvd, OKC, OK 73104. Applications are accepted year round. Additional information about our facilities is located on our website at www.txbi.org.

If you have further questions or concerns, please feel free to contact Stephanie Huston at 918-477-0420 or e-mail shuston@obi.org.

I. PERSONAL INFORMATION (Please Print)

Shirt Size (Adult sizes S, M, L, XL, XXL) _____

Last Name First Name Middle Name

Present Address Mailing (if different) City State Zip Code

Home / Work / Cell (Circle One) Alternate Home / Work / Cell Phone (Circle One)

E-Mail Address Birth Date Driver's License Number State

1. State any other name(s) you have used or by which you are known. _____

2. Do any of your relatives or friends work here? ____ Yes ____ No
If yes, state name and relationship. _____

3. Have you ever been convicted of a felony? ____ Yes ____ No
If yes, please describe fully (use additional pages if necessary). Any conviction will be considered only as it relates to fitness to perform the position being sought.

4. Please list any medical, physical or other problems that may affect your performance.

5. Please list an emergency contact.

First Name Last Name Relationship

Home / Work / Cell Phone (Circle One) Alternate Home / Work / Cell Phone (Circle One)

6. Please list your present employer.

Company Name Job Title Years Employed

7. Have you ever been a volunteer before? ____ Yes ____ No

If yes, please list organizations: _____

8. Have you ever served in the Armed Forces? ____ Yes ____ No

If yes, which branch of service? _____

II. SPECIAL SKILLS

1. List any foreign languages that you:

a. Speak: _____

b. Write: _____

c. Understand: _____

2. List any special skills, training or interests you have that relate to volunteering at Texas Blood Institute.

III. VOLUNTEER ROLE PREFERENCES AND INTERESTS

FIRST CHOICE _____ **SECOND CHOICE** _____

You are asked to commit to a regular schedule. What is the PREFERRED day and shift that you would like to volunteer? Please place an X in each time slot that you are available to volunteer:

SHIFT	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DONOR CENTER OR OFFICE Morning 8am-11am	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DONOR CENTER OR OFFICE Afternoon 11am-2pm	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DONOR CENTER Evening 2pm-6pm	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
MOBILE BLOOD DRIVES Times Vary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Specify department/area preferred, if known: _____

2. Write a brief paragraph describing your interest: _____

IV. REFERENCES (Please provide two references other than family members.)

1. _____
First Name Last Name Relationship

Home / Work / Cell Phone (Circle One) Alternate Home / Work / Cell Phone (Circle One)

2. _____
First Name Last Name Relationship

Home / Work / Cell Phone (Circle One) Alternate Home / Work / Cell Phone (Circle One)