

Volunteer Services Data Form

- Youth
- College
- Adult

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Please print your name, as you would like to be called: _____

Check primary phone

Home Address:	Home Phone: <input type="checkbox"/>
City: _____ Zip: _____	Other Phone: <input type="checkbox"/>
Best time to call: _____	Mobile Phone: <input type="checkbox"/>
Email: _____	Fax: _____

Preferred method of contact: Phone Email

Education: highest level completed (students only): _____ Field of Study _____

Are you currently employed? Full time Part time Retired Where? _____

Days/times you work _____

Previous work experience _____

Date of Birth: _____

Spouse's Name (if applicable): _____

Anniversary date: _____

Emergency Contact:

Name _____ Phone Number (Home) _____

Relationship to you _____ Phone Number (Cell) _____

How were you referred to us? _____

Availability Days and Times: (check times *available* to work)

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

Are there any times when you cannot volunteer? _____

List past/present volunteer experience: _____

How long do you plan to volunteer? _____

Frequency of Volunteering: 2-3 times monthly 1-2 times weekly

Geographic Preferences (Check all that apply)

Kent County:

- East (Ada, Alto, Cascade, Lowell)
- Grand Rapids (Downtown)
- NE (Plainfield, Northview, Belmont)
- North (Sparta, Rockford, Cedar Springs)
- NW (Coopersville, Marne, Walker, Comstock Park)
- SE (Kentwood, Cutlerville)
- South (Caledonia, Allegan, Plainwell, Hastings, Middleville)

- SW (Byron Center, Grandville, Wayland, Wyoming, Dorr)
- West (Jenison, Hudsonville, Allendale, Zeeland)
- Allegan County (Allegan, Otsego, Plainwell)
- Barry County (Middleville, Hastings)
- Ionia County (Lake Odessa, Saranac)
- Montcalm County (Howard City, Greenville)
- Newaygo County (Fremont, Holton)
- Ottawa County (Zeeland, Holland, Grand Haven)

Please list two personal (or professional) references:

Name: _____ Type of Reference (check)
Phone: _____ Personal Professional

Name: _____ Type of Reference (check)
Phone: _____ Personal Professional

If you have any friends/relatives employed or volunteering at Michigan Blood, please list their names: _____

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 occurrence. _____

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

- Volunteer work is required by my instructor.
- 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.
- Other? _____

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 and I authorize the Michigan Blood to communicate with the above names as references. 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, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will the volunteer services department of necessary absences.*

Signature I understand that typing my name stands as my legal 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.*

Signature I understand that typing my name stands as my legal signature.

Date

Applicant's Legal Name: _____

I understand that Michigan Blood will utilize the services of STERLING INFOSYSTEMS, INC. DBA STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011 ('STERLING'), 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 covering up to the last seven (7) years
- 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 with STERLING 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 of any kind against STERLING for providing the aforementioned information. I also 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 STERLING. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security 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 _____
I understand that typing my name stands as my legal signature.

Date _____

PLEASE PRINT CLEARLY

Full First Name _____

Middle Name or Initial _____

Last Name _____

Date of Birth ____/____/____

All Other Names Known By _____

Social Security Number _____ - _____ - _____

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 _____