



VOLUNTEER APPLICATION

KENTUCKY BLOOD CENTER
Lexington, Kentucky
(859) 276-2534

Name _____

In case of an emergency contact:

Address _____

Name _____

Relationship: _____

Phone: Work _____ Home _____

Phone: Work _____ Home _____

Birthdate: Month _____ Day _____

Doctor's Name _____

Medical conditions _____

Doctor's Phone _____

Medications _____

Hospital _____

WHEN CAN YOU WORK? Please check each day you are available.

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

HOURS: (Please fill in times for the following:

MORNING _____ AFTERNOON _____ EVENING _____

TOTAL HOURS PER WEEK: _____ REGULARLY? YES NO

DATE YOU COULD START: _____ ON CALL? YES NO

IN WHAT AREA DO YOU WISH TO VOLUNTEER:

- Donor Lounge Seasonal Health Fair Special Events Patient Records

Other _____

Special Skills, Interests, Hobbies _____

Past Work/Volunteer Experience _____

Organization of which you are now a member _____

Where did you hear about KBC's Volunteer Program? _____

Why do you want to volunteer? _____

Would you be willing to learn multiple volunteer duties? YES NO

As a volunteer, I agree to abide by Kentucky Blood Center's policies and procedures.

Date: _____ Signature _____

Date: _____ Signature: Parent/Guardian of Minor _____