

VOLUNTEER AMBASSADOR APPLICATION®

Community Blood Center/ Community Tissue Services™ 349 S. Main St., Dayton, Ohio 45402
(We cannot accept volunteers mandated by a court to perform community service hours)

Last Name (Print): _____ First Name (Print): _____

MI: _____ Social Security Number: _____

Birth date: Month _____ Day _____ Year _____

Our applications are held in strictest confidence.

Home Address:

Street: _____

P.O. Box/Apt #: _____

City: _____ County: _____

State: _____ Zip: _____ Day Phone: _____

Evening Phone: _____ E-mail Address: _____

What function(s) would you like to perform while volunteering (please ✓ all that apply)

_____ Guest Relations Ambassador

_____ Media Clipper

_____ Other: _____

Please check any skills you have had at least 3 months of experience:

_____ Clerical

_____ Computer Programs or software _____

_____ Customer Service

_____ Database Management Programs _____

_____ Volunteer? Where? _____

How long? _____ years _____ months

_____ Other skills _____

_____ Other hobbies _____

Have you ever been a CBC/CTS volunteer? Y__N__ If yes, where/dates? _____

Can you perform the essential duties of this position with or without accommodation? Y__ N__

Have you ever been convicted of a felony? Y__ N__

If yes, explain _____

Please note: Senate Bill #187 requires us to notify all volunteers that they may be subject to a criminal records check if any volunteer assignment with CBC/CTS allows you unsupervised access to anyone under the age of 18 years.

With my signature below, I hereby give CBC/CTS permission to inquire into my police records (criminal background check), and volunteer history. I further give permission to the holder of any such information or records to release the same to CBC/CTS. I will be expected to sign and uphold a confidentiality agreement as attached.

I do hereby hold the CBC/CTS harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to CBC/CTS. I understand that CBC/CTS will use this information as part of its verification of my volunteer application.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature when applicant is under 18 years of age: _____ **Date** _____