





# Coastal Bend Blood Center

209 North Padre Island Drive ♦ Corpus Christi, TX 78406 ♦ P 361.855.4943 ♦ 361.855.3945

**How did you learn about our program?**

**Special Interest/Skills: Please list, including any foreign languages spoken.**

Please return this application with two (2) completed Reference Forms, and the Parental Authorization (if under 18 years) to your Coastal Bend Blood Center representative in person or mail to:

209 North Padre Island Dr.  
Corpus Christi, Texas 78406  
Email: [hr@coastalbendbloodcenter.org](mailto:hr@coastalbendbloodcenter.org)  
[www.coastalbendbloodcenter.org](http://www.coastalbendbloodcenter.org)

I certify that all statements made on this application are true and correct. I understand that I will need to undergo a Background Check for the Coastal Bend Blood Center. I also understand that I am working at all times on a voluntary basis, without monetary compensation or benefits and not as a paid employee. The Coastal Bend Blood Center reserves the right to terminate a volunteer's services at any time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Volunteer Reference Form

To provide volunteer blood donors and the community with the best possible customer service, it is necessary for us to ask that all volunteer applicants complete and return two references. These references may be personal or professional, but we ask that you do not submit a reference from a family member. Please have a person whom you have known for at least one year answer the following questions. It is your responsibility to return two completed references with the completed volunteer application to your Blood Center representative either in person or by mail.

Date: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Applicant's First & Last Name:

\_\_\_\_\_  
Reference's First & Last Name:

\_\_\_\_\_  
Daytime Phone Number:

### How long have you known the person applying for a volunteer position with Coastal Bend Blood Center?

\_\_\_\_\_

Coastal Bend Blood Center relies on volunteers who are reliable and able to communicate well with others. Would you recommend this applicant as a volunteer?

Yes  No

Please add any comments about the applicant's character, work skills or background you feel are relevant in helping us determine his/her qualifications for being a volunteer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. Please return this completed reference sheet to your Blood Center representative with your Volunteer Application in person or mail to:

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Corpus Christi, Texas 78406  
Email: [hr@coastalbendbloodcenter.org](mailto:hr@coastalbendbloodcenter.org)



# Volunteer Permission Form (if under 18 years of age)

## Parental/Guardian Authorization

Please accept this as authorization for my minor child (under age 18) to serve as a Community Volunteer at Coastal Bend Blood Center. The minimum age to volunteer is 15 years old.

I understand my minor child may be exposed to biohazardous or other potentially infectious material in the course of his/her duties as a Volunteer. I have instructed my minor child to immediately contact a Blood Center staff member in the event of an exposure to biohazardous or potentially infectious material. I also understand my minor child will be trained in proper procedures so as to lessen the possibility of exposure.

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Child's First & Last Name:

Parent/Legal Guardian's First & Last Name:

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Parent/Legal Guardian's Signature:

Parent/Legal Guardian's Phone Number

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Parent/Legal Guardian's Street Address:

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City:

State & Zip Code:

Thank you. Please return this completed parental/guardian authorization form to your Blood Center representative in person or mail to:

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Corpus Christi, Texas 78406  
Email: [hr@coastalbendbloodcenter.org](mailto:hr@coastalbendbloodcenter.org)