



**COMMUNITY
BLOOD
CENTER**
OF THE OZARKS
not-for-profit organization

Administrative Offices
220 W. Plainview Rd. • Springfield, MO 65810
Phone (417) 227-5000 • Toll Free 1-800-280-5337
www.cbco.org

Give Life to Your Community

CENTER VOLUNTEER APPLICATION

(Complete this form and mail to above address, or email to volunteer@cbco.org)

Please print all information:

Last Name _____ First Name _____ MI _____

Address _____ City/State _____ Zip _____

Email Address _____

Cell / Home phone _____ DOB _____

Emergency Contact and telephone number: _____

Check your choice of volunteer opportunities:

| | |
|---------------------------|---------------------------|
| _____ Center/bloodmobiles | _____ Grounds/Maintenance |
| _____ Clerical | _____ Warehouse |
| _____ Driver* | |

What day(s) and periods of time are you available for volunteering?

Center Location Preferred:

___ Thomson ___ Springdale, AR ___ Bentonville, AR ___ Joplin Mall

***For Volunteer Distribution Drivers only:**

*Driver's license number _____ *SSN _____

Previous volunteer experience: _____

Briefly state your reason for entering volunteer service:

CONFIDENTIAL INFORMATION

Patient and donor information, records, procedures, data and programs developed and maintained by the Community Blood Center of the Ozarks are confidential.

All such information to include but not limited to documents, SOPs and computer tapes relating to program development, personnel information, medical records, donor records, financial data relating to programs or salaries, job grades, insurance or retirement status are considered confidential.

Such information must be kept in locked drawers, rooms or files when not in use and is not available for discussion, review or disclosure. All such information should not be discussed with any third party, including spouse or family members or with any other Community Blood center staff or volunteers who do not have the need to know.

Failure to follow this policy could lead to serious consequences for the individual and in some jurisdictions, may violate laws and/or regulations. The procedures involved in processing donor information are designed with safeguards to protect against unauthorized disclosures.

I agree not to disclose any donor information other than in accordance with Community Blood Center policies.

By affixing my signature on this document, I am indicating that I have read and understand this policy.

AS A COMMUNITY BLOOD CENTER OF THE OZARKS VOLUNTEER:

- I will support the CBCO mission of providing a quality blood supply for area hospital patients;
- I will provide services equitably and impartially regardless of citizenship, race, religion, age, sex, or political affiliation;
- I will observe the confidential information requirements listed above;
- I will participate in the training requirements for my volunteer responsibilities;
- (Court-ordered community service volunteers only) I understand that I may not donate blood or recruit others to do so to reduce my community service obligations.

Signature

Print Name

Date

Community Blood Center of the Ozarks is an equal opportunity employer. It is the policy of CBCO not to discriminate in volunteer or employment practices on the basis of race, creed, national origin, sex, age or disability.

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