We invite you to volunteer with BloodCenter of Wisconsin and help save lives. Thousands of patients depend on the services offered by BloodCenter of Wisconsin. Whether it’s a patient with sickle cell disease receiving blood transfusions, a patient with a blood related illness needing a marrow/stem cell transplant, or a patient desperately waiting for an organ for survival, we all have the power to make a difference.

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Each volunteer opportunity is unique and critical to our needs, but none is more important than the one you choose.

If you’re ready to start the process of becoming a volunteer, please complete the appropriate section(s) indicating the areas you would like to offer your time and talents – blood donation (Section B), organ/tissue services (Section C), marrow donor program (Section B).

Section C - Complete this section if you are interested in volunteering in the area of Organ/Tissue or Eye donation

- Donor Family Member – Name of Donor __________________________ Year of Donation ____________
  Your Relationship to the Donor __________________________
  □ Organ □ Tissue □ Eye

- Recipient – Year of Transplant ________________ Specify which Organ/Tissue ______________________
  Transplant Center ____________________________________________

- Other Connection to donation: ____________________________
  □ Living Donor □ On the Waiting List □ Advocate for Donation □ Recipient Family Member

For which activities are you interested in volunteering:

- □ Events – Staffing booths and assisting with a variety of events.
- □ Materials Distribution – Distributing brochures and posters at various locations in your community.
- □ Office Support – Assisting at the office with phones, mailings and other projects.
- □ Public Speaking – Speaking about donation and/or transplantation at various community organizations, schools and churches.
- □ Threads of Compassion – Volunteer group that knits or crochets comfort shawls that are given to organ and tissue donor families.

Thank you for applying to BloodCenter of Wisconsin’s volunteer program!
Section A - REQUIRED COMPLETION BY ALL VOLUNTEERS

Date (MM/DD/YYYY) _______/_______/________ Are you 17 years of age or older? ❏ Yes ❏ No

Mr Mrs Miss (circle one)

First Name Middle Initial Last Name Title (Jr., Sr., etc.)

Street Address City State ZIP

Primary Phone (include area code) Cell Phone (include area code)

Date of Birth: (MM/DD/YYYY) _______/_______/________ Email address

For which activities would you like to volunteer? (you may select one or more volunteer opportunities listed below):
• Assisting donors at blood donor centers or community blood drives (complete Section B)
• Assisting with marrow registration efforts (complete Section B)
• Assisting with public education in the community on organ, tissue and eye donation (complete Section C)

Note: All volunteers must complete Section A

Are your volunteer hours required? ❏ Yes ❏ No   If yes, please check all that apply.

School credit # of hours _______

Community service # of hours _______

Court ordered # of hours _______

Other __________________________

Do you have reliable transportation? ❏ Yes ❏ No

Do you have access to email and a computer? ❏ Yes ❏ No

Background Check – Authorization Waiver and Release

We are grateful for your request to become a volunteer. Please note that background checks are performed on all potential BloodCenter volunteers.

I, ___________________________ (print your first name and last name), authorize BloodCenter to run a criminal background check with the Wisconsin Department of Justice, without liability to BloodCenter.

I have carefully and truthfully completed this volunteer application.

Signature Date

Section B - Complete this section if you are interested in volunteering in the area of blood or marrow donation.

Are you currently a blood donor? ❏ Yes ❏ No

For which activities would you like to volunteer?

❏ Greeting and serving refreshments to donors (opportunity available at all donor centers and community blood drives)

❏ Routing donors through a media blood drive donation process (opportunity available at media drives only – see below)

❏ Clerical (Milwaukee – downtown location only)

❏ Place thank you phone calls to blood donors (Milwaukee – downtown location only)

❏ Assisting Marrow Donor Program staff at marrow drives (greeting donors, handing out literature, etc.)

❏ Providing childcare services (opportunity available at media drives only – see below)

What is your availability? (please complete all of the sections below)

Times Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening

How often would you like to volunteer? ❏ Daily ❏ Weekly ❏ Twice a month ❏ Once a month ❏ Other

Where would you like to volunteer? (please check all that apply)

Donor Center Locations

❏ Downtown - Headquarters
638 N. 18th St. Milwaukee, WI

❏ Kenosha County
8064 39th Avenue, Kenosha, WI

❏ Manitowoc County
333 Reed Ave., Manitowoc, WI

❏ Marshfield (Suite 101)
508 N. Central, Marshfield, WI

❏ North - Brown Deer
5960 W. Brown Deer Rd., Brown Deer, WI

❏ Racine County
1120 S. Sunnyslope Dr., Racine, WI

❏ Sheboygan
1022 S. Taylor Dr., Sheboygan, WI

❏ South - Greenfield
7210 W. Edgerton, Greenfield, WI

❏ Washington County
130 Valley Ave., West Bend, WI

❏ Waukesha County
2111 Springdale Rd., Waukesha, WI

❏ West - Wauwatosa
8733 Watertown Plank Rd., Wauwatosa, WI

Community Blood Drives
Blood drives are held at places of employment, churches, Legion Posts, etc. within a community.

❏ Milwaukee - Downtown

❏ South – Greenfield

❏ Kenosha County

❏ Wood County (Marshfield)

❏ North – Brown Deer

❏ West – Wauwatosa

❏ Manitowoc County

❏ Racine County

❏ Sheboygan County

❏ Washington County

❏ Waukesha County

❏ La Crosse

Media Drives
Media drives are large community blood drives – local media and corporate sponsored.

❏ Yes, I am interested in volunteering at future media drives held in the greater Milwaukee County area.

❏ No, I am not interested in volunteering at future media drives held in the greater Milwaukee County area.

Marrow Drives

❏ Yes, I would like to volunteer at community marrow drives.

❏ No, I am not interested in volunteering at community marrow drives.
Section A - REQUIRED COMPLETION BY ALL VOLUNTEERS

Date (MM/DD/YYYY) ______/______/_______ Are you 17 years of age or older? □ Yes □ No

Mr  Mrs.  Miss  (circle one)

First Name  Middle Initial  Last Name  Title (Jr., Sr., etc.)

Street Address  City  State  ZIP

Primary Phone  (include area code)  Cell Phone  (include area code)

Date of Birth: (MM/DD/YYYY) ______/______/_______ Email address

For which activities would you like to volunteer? (you may select one or more volunteer opportunities listed below):
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- Assisting with public education in the community on organ, tissue and eye donation (complete Section C)

Note: All volunteers must complete Section A

Are your volunteer hours required? □ Yes □ No  If yes, please check all that apply.
- School credit  # of hours ______
- Community service  # of hours ______
- Court ordered  # of hours ______
- Other ____________________________
- Job training  # of hours ______

Do you have reliable transportation? □ Yes □ No
Do you have access to email and a computer? □ Yes □ No

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Signature  Date

Section B - Complete this section if you are interested in volunteering in the area of blood or marrow donation.

Are you currently a blood donor? □ Yes □ No

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