

Volunteer Blood Donor Registration (Please Print)

| | |
|-----------------------------------|---|
| Social Security # | |
| Name (First, MI, Last) | |
| Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | |
| City, State, ZIP | |
| Home Phone () - | <input type="checkbox"/> OK To Call When Eligible <input type="checkbox"/> Call in Emergency Need Only <input type="checkbox"/> Do Not Call |
| Work Phone () - | <input type="checkbox"/> OK To Call When Eligible <input type="checkbox"/> Call in Emergency Need Only <input type="checkbox"/> Do Not Call |
| Mobile/Other Phone () - | <input type="checkbox"/> OK To Call When Eligible <input type="checkbox"/> Call in Emergency Need Only <input type="checkbox"/> Do Not Call |
| E-mail Address | |

Please read Donor Qualification Information and Donor Educational Information regarding HIV Antibody Testing. If you are in a risk group, DO NOT DONATE. If you have questions regarding risk groups, we provide a confidential screening process. All information provided is for South Bend Medical Foundation Central Blood Bank use only.

Volunteer Blood Donor Information (Please check appropriate information)

I am donating for a group or organization Yes No

Name of Employer, Group or Organization: _____

Donation Location: Central Lab Edison Road Remote Blood Drive

Age: 10 - 19 20 - 29 30 - 39 40 - 49 50 - 59 60 - 69 70 - 79 80 - 89 90+

Race: Of which group are you a member? You may select more than one.

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |

Employment:

- | | |
|---|---|
| <input type="checkbox"/> Work Full Time | <input type="checkbox"/> Work Part Time |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Not Employed |

Donation History:

I have donated this many times before:

- | | |
|--|---|
| <input type="checkbox"/> None, I am a first time donor | <input type="checkbox"/> 2 - 3 times per year |
| <input type="checkbox"/> 0 - 1 time per year | <input type="checkbox"/> 4 - 6 times per year |

Have you donated at another blood bank?

- Yes No

If yes, how many times? _____

I would like more information on the following:

- Hosting a blood drive at my school, business, civic/social organization
- Learning about Double Red Cell donating
- Learning about Platelet donating
- Becoming a Donor for Life (committing to four donations per year)

For Office Use Only

- | | | | |
|---|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Photo ID checked | <input type="checkbox"/> DRC | <input type="checkbox"/> APH | <input type="checkbox"/> WB |
| <input type="checkbox"/> Checked Deferral Log | <input type="checkbox"/> Vol | <input type="checkbox"/> Dir | <input type="checkbox"/> Auto |