



James R. Clark Memorial  
 Sickle Cell Foundation  
 1420 Gregg Street  
 Columbia, SC 29201  
 803-765-9916

### Volunteer Application Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Skills/Interests:** \_\_\_\_\_  
 \_\_\_\_\_

**Do you or a family member have the Sickle Cell Disease or the trait? Yes No**  
**Name** \_\_\_\_\_

**Have you ever been convicted of any law violation (except minor traffic violation)?**  
**Yes No**

**What area(s) would you be interested in volunteering in?**

- |                               |                                       |
|-------------------------------|---------------------------------------|
| _____ <b>Speaker's Bureau</b> | _____ <b>Support Group</b>            |
| _____ <b>Fundraising</b>      | _____ <b>Outreach &amp; Education</b> |
| _____ <b>Health Fair</b>      | _____ <b>Photography</b>              |
| _____ <b>Special Events</b>   | _____ <b>Hospital Alert Liaison</b>   |

**Do you have access to transportation? Yes or No**

**What day(s) of the week are you available to volunteer?**

\_\_\_ **Monday** \_\_\_ **Tuesday** \_\_\_ **Wednesday** \_\_\_ **Thursday** \_\_\_ **Friday**  
 \_\_\_ **Saturday**

**What time(s) of the day are you available to volunteer?**

**Morning** \_\_\_\_\_ **Afternoon** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Orientation Date:** \_\_\_\_\_  
**Staff Initial:** \_\_\_\_\_