

Volunteer Application



A Donate Life Organization

Date: _____

Date of Birth: _____

Name: _____

Phone: Home: _____ Work: _____

Pager: _____ Cell: _____

Email: _____ Is email a reliable way to reach you Y / N

Address: _____

Language(s): _____ Ethnicity: _____

If you are a transplant recipient or related to a recipient:

Who received the transplant? _____

Transplant date _____

Type of transplant _____

Transplant center _____

Have you contacted your donor? _____

Recipients from living donation: Would you like information on a mentor program for people seeking living donors? _____

If you are a donor family member or living donor:

How are you related to the donor? _____

Donor's name _____

Type of donation _____

Date of donation _____

Have you contacted the recipients? _____

Living donors: Would you like information on a mentor program for people becoming living donors? _____

If you are neither, please describe why you are interested in educating about donation?

Volunteer Application (cont'd)

Have you conducted donor awareness at an information table?

- Yes
- No

Do you want to tell your personal story to groups of people?

- Yes
- No

How would you describe your public speaking ability?

- Inexperienced/never spoken
- Could use improvement
- Experienced
- Exceptional

Have you had a same level of speaking experience telling your story about donation?

- Yes
- No

Do you have an interest in educating a specific community about organ and tissue donation?

Please describe any media experience you have had.

If you have had a news article written on your story please provide the name of the newspaper, date and reporter. A copy of the article is appreciated.

Volunteer Application (cont'd)

Do you have affiliations to any groups or organizations?

Support groups _____

Hospitals/transplant centers _____

Houses of worship _____

Civic organizations _____

Schools _____

Work _____

Is there a time when you are most available?

- Weekends
- Evenings
- Mornings
- Afternoons
- Anytime
- Depends on schedule

Please provide 100-300 words describing your experience with donation & transplantation.

You may use a separate sheet of paper if you wish or email to barry@dnaz.org including a picture gives increased dimension and visibility to your story.

Photo specifications: please provide a headshot, inkjet or laser prints are *not* acceptable, include your name and address on back of snapshot so we can return it to you, emailed images should be in JPG format (3 x 5 at 300dpi).

Recipients tell us:	Donor families tell us:	All others tell us:
<ul style="list-style-type: none">• What led to the need for your transplant?• How were your family and friends impacted by your illness?• How was your life impacted?• What are you doing now that you could not do because of your illness?	<ul style="list-style-type: none">• Something about your loved one• How your loved one passed away• What helped make your decision• What organs/tissue were donate• How you feel about your decision	<ul style="list-style-type: none">• How you have been touched by donation/transplantation• Any specific incident or relationship

Volunteer Application (cont'd)

Consent for Use of Name and Likeness

I, _____, hereby consent to the use of my name and likeness, for the sole purpose of promoting organ and tissue donation. I understand that the use of my name and likeness may include, but not be limited to photographs, newspaper articles, brochures, displays, television, radio, or any other public community relations material. I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of Donor Network of Arizona, its employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve any materials which may from time to time be created by Donor Network of Arizona and which may include my name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release Donor Network of Arizona from any and all claims, liabilities, and losses that may arise from its use of my name image, photo, likeness and voice.

Signature

Date

Print Name: _____

Street Address: _____

City/State/ZIP: _____

Phone: _____

Volunteer Application (cont'd)

Consent for Use of Name and Likeness of Donor

I, _____, as the legal representative for _____, hereby consent to the use of his/her name and likeness for the sole purpose of promoting organ and tissue donation. I understand that the use of his/her name and likeness may include, but not be limited to photographs, newspaper articles, brochures, displays, television, radio, or any other public community relations material. I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of Donor Network of Arizona, its employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve any materials which may from time to time be created by Donor Network of Arizona and which may include his/her name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release Donor Network of Arizona from any and all claims, liabilities, and losses that may arise from its use of his/her name image, photo, likeness and voice.

Signature of Next-of-Kin/Legal Representative

Date

Print Name: _____

Street Address: _____

City/State/ZIP: _____

Phone: _____