

LIFE ALLIANCE

ORGAN RECOVERY AGENCY
UNIVERSITY OF MIAMI



Volunteer Application

Date: _____

Salutation (Mr, Mrs., Ms.): _____

Name: _____

Date of Birth: _____

Phone: Home: _____ Work: _____

Pager: _____ Cell: _____

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

Address: _____

City: _____ State: _____ Zip: _____

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? _____

Was your transplant from a living donor? _____

Volunteer Application (cont'd)

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 _____

Hospital where donation occurred _____

Have you contacted the recipients? _____

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

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

Privacy and Confidentiality Statement

I understand that as a volunteer member of the Donate Life Ambassadors Program I have an obligation to actively protect and safeguard confidential, sensitive and proprietary information in a manner designed to prevent its unauthorized disclosure.

I will hold confidential all information concerning patients, donors, and recipients. On no occasion will I divulge to any unauthorized individual, information regarding laboratory, medical, surgical, social, and other related information.

I will refrain from revealing any confidential information concerning employees, including home phone numbers and addresses, or business operations. Any carelessness or thoughtlessness in this respect leading to the release of such information is unethical.

I will NOT seek out or use personal or confidential information relating to Life Alliance Organ Recovery Agency, its business partners or clients for my own interest or advantage.

I am advised that failure to comply with these policies may result in disciplinary action, which could include release as a Donate Life Ambassador.

I have read the above statement and understand and agree to its contents.

Volunteer Application (cont'd)

Signature

Date

Print Name

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 aflores@med.miami.edu *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