

Donor Awareness Council

Say Yes To Organ & Tissue Donation

Volunteer Application

Contact Information:

Name _____ Date of birth: _____ Today's date: _____

Address _____
Street City/State Zip code

Home phone (_____) _____ Work phone (_____) _____

Fax (_____) _____ Email address _____

I can best be reached by (check all that apply): E-mail Fax Phone (H) Phone (W) Mail

Check here if you DO NOT wish to make your contact information available to other Donor Awareness Council volunteers.

I am interested in (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Heath fairs | <input type="checkbox"/> Speaking engagements | <input type="checkbox"/> Board of Directors or Board Committee (you will be contacted by a board member for more information) |
| <input type="checkbox"/> Office work | <input type="checkbox"/> Graphic design | |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Writing | |
| <input type="checkbox"/> Special events planning | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Special events onsite work | <input type="checkbox"/> Internship / school credit | |
| <input type="checkbox"/> Driver license adopt-an-office | <input type="checkbox"/> Donor drives | |
| <input type="checkbox"/> Faith outreach | <input type="checkbox"/> Specific position (see "Volunteer Opportunities" sheet): | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> High school / youth outreach | _____ | _____ |
| <input type="checkbox"/> Media Interviews | _____ | _____ |

Please rank in order of preference (1=first choice, 2=second choice, 3=third choice, 0=not available). I prefer to work:

___ On projects I can do from home ___ In the Donor Awareness Council office ___ At offsite events

Approximately how many hours per week would you like to volunteer? _____

Please indicate your availability, including times. Use N/A for "Not Available":

Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____ Sun _____

My availability varies – please inform me about all opportunities

Please describe your past or current volunteer experiences, including board or committee assignments.

Why would you like to volunteer with Donor Awareness Council?

The following optional information will help us learn more about our volunteers and best fulfill specific project, event and speaking requests for cultural, civic, religious and community organizations.

I am (check all that apply):

- A RECIPIENT: Type of transplant _____ Date of transplant _____
- WAITING FOR A TRANSPLANT: Type of transplant needed _____
- A LIVING DONOR: Type of donation _____ Date of donation _____
Relationship to recipient (recipient is my): _____
- RELATED TO SOMEONE WHO IS (CIRCLE ONE): A RECIPIENT / WAITING FOR TRANSPLANT / A LIVING DONOR
Relationship (he/she is my): _____ Type of transplant/donation: _____
- A DONOR FAMILY MEMBER (a loved one donated organs or tissues upon death)
Optional information: Loved one's name _____ Relationship (he/she is my): _____
Dates of birth – death: _____
- SOMEONE WHO BELIEVES IN THE CAUSE (An advocate of organ and tissue donation with no personal connection to it.)
- A STUDENT INTERESTED IN INTERNSHIPS OR SCHOOL CREDIT
- OTHER _____

Cultural Origin: African-American Native American Caucasian Asian Hispanic/Latino Other

One of Donor Awareness Council's goals is to reach out to the public through faith organizations. If you participate in a faith community such as a church or synagogue and are interested in learning about promoting donation among other members, please list the name and denomination of your faith group:

Organization name: _____ **Denomination:** _____

Clubs, interest groups, or businesses with which you are affiliated:

Languages you speak/write: _____

Other special skills, interests or hobbies: _____

Occupation: _____ **Employer:** _____

How did you hear about Donor Awareness Council? _____

Thank you for your interest in volunteering with Donor Awareness Council!

Please return form to:
Donor Awareness Council
600 South Cherry Street, Suite 1110
Denver, CO 80246
Phone: 303.388.8605 / 888.388.8605
Fax: 303.388.8616
Email: info@donor-awareness.org