

Advocate Questionnaire

*Please fax your completed questionnaire to 303-300-9012



Today's date: ____ / ____ / ____

Name: _____

Birth date: ____ / ____ (**Month/Day only**)

Address: _____

City: _____ State: ____ Zip: _____

Phone1: ____ - ____ - ____ Home Mobile Office Pager

Phone2: ____ - ____ - ____ Home Mobile Office Pager

Phone3: ____ - ____ - ____ Home Mobile Office Pager

E-mail: _____ @ _____ . _____ Fax: ____ - ____ - ____

I'm best reached at: (*choose one*) Home Cell Office E-mail Mail

I prefer to receive volunteer requests and updates by: E-mail Phone Mail

Your Affiliation to Organ and Tissue Donation: (*check any that apply*)

TRANSPLANT RECIPIENT - Type of transplant: _____

Date of transplant: ____ / ____ / ____ Location of transplant: _____

TRANSPLANT CANDIDATE - Type of transplant: _____

Date listed: ____ / ____ / ____ Transplant center: _____

RELATIVE OF A TRANSPLANT RECIPIENT (*family member was an organ or tissue recipient*)

Name of recipient: _____ Your relation: _____

Type of transplant: _____ Date of transplant: ____ / ____ / ____

DONOR FAMILY MEMBER (*family member was an organ or tissue donor*)

Name of loved one: _____ Your relation: _____

What was donated: Organs Tissue Other: _____

Location of donation (*hospital, coroner or funeral home*): _____

I am willing to commute _____ miles for volunteer trainings and opportunities.

Preferred T-Shirt Size:

- Youth Small Youth Medium Youth Large Youth X-Large Youth XX-Large
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

School/Employer: _____

Your computer knowledge and other applicable skills:

I am interested in the following volunteer opportunities: *(check all that apply)*

- Donor Designation Stations Office Work/Admin. Special Events
 Media – Newspaper Stories Speakers Bureau Media – TV Stories

How did you hear about the 'Advocates for Life' volunteer program?

- Friend or Family Member _____
 Donor Alliance Volunteer _____
 Website _____
 Local Organization _____
 Transplant Center _____
 Event _____
 Other _____

Foreign Languages: _____

I am interested in attending the following training sessions:

- "Becoming an Advocate 101" "Tell Your Story" Part 1 or Part 2
 "Managing a Donor Designation Station" "Transplant Speakers International"

Thank you for your time and desire to get involved!

Privacy and Confidentiality Statement

I, _____, a visitor interacting with Donor Alliance, Inc. (hereinafter referred to as "Company"), agree:

1. All information of a business or technical nature imparted to or learned by me in the course of my interactions with respect to the business of the Company or its affiliates shall be deemed to be confidential and shall not be disclosed by me to anyone outside of the Company or its affiliates without express written authorization of an officer of the Company, unless such information has been made generally available to the trade by the Company. I am aware that the business and technical information developed and acquired by the Company is among its most valuable assets, and their value may be unwittingly destroyed by casual dissemination. I therefore agree to safeguard this information and to keep it confidential. This obligation shall continue after my interactions with staff members.

As visitor, I understand I will be interacting with Donor Alliance staff and have access to information of a sensitive and confidential nature.

2. This agreement shall be binding upon my heirs, executors, administrators, or other legal representatives or assigns and shall be binding upon and inure to the benefit of the Company, its successors and assigns.

Visitor Name *(please print)*

Visitor Signature

Date