



# Volunteer Interest Form

Date: \_\_\_\_\_

Salutation (Mr, Mrs., Ms.): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

When is the best time to reach you?: \_\_\_\_\_

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

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

Language(s): \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Who received the transplant? \_\_\_\_\_

Transplant date \_\_\_\_\_

Reason transplant needed \_\_\_\_\_

Transplant center/hospital \_\_\_\_\_

Have you contacted your donor? \_\_\_\_\_

**If you are a donor family member:**

How are you related to the donor? \_\_\_\_\_

Donor's name \_\_\_\_\_

Type of donation (cornea and/or whole eye) \_\_\_\_\_

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?**

\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Interest Form (cont'd)

**Have you represented the donation community at an information table?**

- Yes  
 No

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

- Yes  
 No

**Have you had experience telling your story about donation to groups of people?**

- Yes  
 No

**How would you describe your public speaking ability?**

- Exceptional  
 Experienced  
 Could use improvement  
 Inexperienced/never spoken

**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.

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**Do you have affiliations to any groups or organizations?**

Support groups	_____
Hospitals/transplant centers	_____
Houses of worship	_____
Civic organizations	_____
Schools	_____
Work	_____

## Volunteer Interest Form (cont'd)

**Please provide 100-300 words describing your experience with donation and/or transplantation.**

You may use a separate sheet of paper if you wish or email to [snichols@tbionline.org](mailto:snichols@tbionline.org)

<b>Recipients tell us:</b>	<b>Donor families tell us:</b>	<b>All others tell us:</b>
What led to the need for your transplant? How were your family and friends impacted by your disease/injury? How was your life impacted? What are you doing now that you could not do because of your disease/injury?	Something about your loved one How your loved one passed away What helped make your decision How you feel about your decision	How you have been touched by donation/transplantation Any specific incident or relationship that inspired you to volunteer.

**Please email or send us a photo.**

Your picture gives increased dimension and visibility to your story.

*Photo specifications:* please provide a headshot. Emailed images should be in JPEG format (3 x 5 at 300dpi minimum size). If you are sending a hard copy, **do not** send inkjet or laserjet prints. Please print your name and address on the back of the photo so we can return it to you,

## Volunteer Interest Form (cont'd)

### Recipient - Consent for Use of Name and Likeness

I, \_\_\_\_\_, hereby consent to the use of my name and likeness, for the sole purpose of promoting 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 the San Antonio Eye Bank, and Tissue Banks International, 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 and which may include my name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release San Antonio Eye Bank and Tissue Banks International 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: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

## Volunteer Interest Form (cont'd)

### Donor Family Member - 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 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 the San Antonio Eye Bank, Tissue Banks International, 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 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 San Antonio Eye Bank and Tissue Banks International 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: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_