

**VOLUNTEER INFORMATION FORM  
GEORGIA TRANSPLANT FOUNDATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please check one:**

- Donor Family                       Living Donor                       General Volunteer/Other  
 Recipient (If so, what type?): \_\_\_\_\_

When and where did you receive your transplant? \_\_\_\_\_

- Recipient family member (relationship and type of transplant): \_\_\_\_\_  
 Waiting for a transplant (type?): \_\_\_\_\_

**Volunteer activities you are interested in (check only those that apply):**

- I am interested in participating in health fairs  
 I am interested in participating in fundraising events and/or on an event planning committee  
 I want to help with office duties (database entry, filling, mailings, stuffing goodie bags, etc.)  
 I want to help write for GTF's Imprint Magazine (published bi-annually)  
 I am comfortable participating in media interviews

**I am most likely to attend volunteer meetings/events in the following area:**

- Albany                                       Athens                                       Columbus  
 Augusta                                       Macon                                       Savannah  
 Rome     Atlanta                                       NE Georgia/Gainesville

**Availability (check all those that apply):**

- Weekday Mornings     Weekday Afternoons     Weekday Evenings     Weekends

**How far are you willing to drive round-trip?**

- I am not able to drive                       Less than 20 miles  
 20 – 50 miles                                       More than 50 miles