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

Once you have completed this form, please email it to volunteer@gatransplant.org or send it by fax to 770-457-7916, Attn: Rita Michaels.