

# Volunteer Application



Volunteers play a vital role in honoring donors, supporting families, and raising awareness about organ, tissue, and eye donation. Please complete the form below so we can learn more about you and connect you with volunteer opportunities that best match your interests and experiences.

## Contact Information

Name:

Circle any that apply:

- a. Donor Family Member
- b. Recipient
- c. Living Donor
- d. Recipient Family Member or Caregiver
- e. Waiting for Transplant
- f. Family Member of Person Waiting for Transplant

Current Address

Best Number for Calls

Best Number for Texts

Email Address

## Emergency Contact

Emergency Contact Name

Emergency Contact Best Number to Call

Emergency Contact Best Number to Text

Relationship

# Volunteer Application (Cont)



## Demographic Information

Date of Birth

Race

Gender

Occupation

## Education/Experience

Current Employer

Role

Previous Employers

Roles

Volunteer Experience

Why do you want to be a volunteer with Southern Legacy of Life?

How do you feel about organ donation?  
Tissue donation? Eye donation?

Are you comfortable speaking to groups?

# Volunteer Application (Cont)



## References

Name

Phone Number

Email

Relationship

Years Known

\*\* I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any details is grounds for disqualification from further consideration, or for dismissal, in accordance with Southern Legacy of Life (SLL) policy. I agree to conform to the rules and regulations of the organization, and understand that my volunteer service can be terminated, with or without cause, and with or without notice, at any time at the option of either the organization or myself. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. I grant permission for my image, picture and/or likeness to be used in SLL's promotional and educational materials, unless I present a written objection to the Volunteer Coordinator. I hereby authorize SLL to contact any company, person, or educational institution I listed as a reference on this application. I hereby release SLL and its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

\*\*Agree  
Signature

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