

Name _____ Phone: home/work/cell _____

Address _____ Email _____

City _____ State _____ Zip _____ Occupation (optional) _____

The best time and way to contact me is: text call both email

Check any that apply:

I am a member of a donor family.

My relationship to donor is _____ Donor's name _____ Date of donation _____

I am a recipient.

Type of transplant _____ Date of transplant _____

Hospital at which transplant(s) was performed _____

I am a member of a recipient family.

My relationship to donor is _____ Recipient's name _____

Type of transplant _____ Date of transplant _____

I am waiting for an organ transplant. Type of transplant: _____

I am a donation advocate I am a Wisconsin Lions Club member I am looking to support my local community

When are you available to volunteer?

Weekdays

Evenings

Weekends

Anytime

I am interested in (check all that apply) **See LEBW Volunteer Opportunity page for more details.**

Community Outreach: local and statewide and exhibiting opportunities and LEBW events

Hospital Events- local and statewide opportunities

Lions Club Events and District Conventions

Administrative Tasks: LEBW Office

Nonprofit Networking: Event & Exhibiting Opportunities

Sharing Your Story-Speaking Engagements

Facilities Coordinator

Please list any skills/additional interests or hobbies that you could contribute. Our goal is to create opportunities that match your background and talents to the mission of Lions Eye Bank of Wisconsin. While the information is optional, it will help us in our efforts to share the message of donation.

LEBW may use volunteer photos on social media sites to help show the positive impact our volunteers have in the community. Please check "no" if you do not want any photos of yourself shared.

I give LEBW permission to use my name/photo in future publications or to give to the media: Yes No

Signature _____ Date _____

EMERGENCY CONTACT

Name _____

Emergency Contact Name(s): _____

Phone: home _____ work _____ cell _____

Address: _____

City _____ State _____ Zip _____

Volunteer signature _____ Date _____

LEBW VOLUNTEER CONFIDENTIALITY AGREEMENT

As a LEBW volunteer, we ask that you follow a code of ethics in the performance of your volunteer duties. These ethics should guide your behavior, as well as the behavior of all LEBW team members. One of our most fundamental responsibilities concerns confidentiality.

During the course of your volunteer work with LEBW, you may, on occasion, have access to confidential information. Your work may bring you information of a personal nature about the people, partnerships and families that LEBW serves, or about the operations of LEBW or our employees. It is the policy of Lions Eye Bank of Wisconsin

that the volunteers may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with Lions Eye Bank of Wisconsin to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom Lions Eye Bank of Wisconsin has authorized disclosure. Our Code of Ethics states that you may not repeat any information of a confidential nature to anyone. Neither may you use any information received to your personal advantage.

Confidentiality is a fundamental right of those we serve, and it is guaranteed through your adherence to our Volunteer Code of Ethics. Please sign this confidentiality statement as part of your acceptance of a volunteer position with LEBW.

Name _____

Signature _____ Date _____