

Date:

Name:			Date of Birth:			
Social Security #:	Driver License/ State		Driver License/ S	State ID#:		
Address: City, State, Zip:				Ethnicity:		
Home Phone:	Mobile Phone:			Email:		
Occupation:						
Other languages spoken:						
How did you hear about Legacy of Life Hawai'i?						
Emergency Contact (Name & Phone Number):						
Please describe your experience/knowledge that you have with organ donation/transplant:						
Are you a donor family member? [ ] Yes [ ] No	Are you a transplant recipient: [ ] Yes [ ] No What organ?		int recipient:	Are you a living donor : [ ] Yes [ ] No		
Do you know a donor or donor's family member? [ ] Yes [ ] No	Do you know a transplant recipient? [ ] Yes [ ] No		nsplant	Are you on a transplant waiting list? [ ] Yes [ ] No		
Are you related to someone on an organ t list? [ ] Yes [ ] No	e you related to someone on an organ transplant waiting			ing Do you know someone on the transplant waiting list? [ ] Yes [ ] No		
Availability:						
[ ] Weekdays						
[ ] Evenings						
[ ] Weekends						
Are you first aid/CPR certified? [ ] Yes [ ] No If yes, please provide a copy of certification card.		Do you drive? [ ] Yes [ ] No				
Do you have any allergies? [ ] Yes [ ] No If yes, please list:		Do you have access to a car? [ ] Yes [ ] No				
		Do you have current car insurance? [ ] Yes [ ] No				
		Is your vehicle registration current? [ ] Yes [ ] No				
Areas of Interest:						
[ ] Health Fairs & Expo's [ ] Green Ribbon Making [ ] Public Speaking [ ] Office Work [ ] DMV Outreach [ ] Green Ribbon & LLH Brochure Distribution						
[ ] Diviv Outleach [ ] Green Kiddon & ELFI Blochule Distribution						

Special Skills:					
Religion:	Church:				
Would you be interested in our National Donor Sabbath campaign?					
Do you have public speaking skills?					
Please attach the following:					
Copy of driver license or state ID:					
Copy of vehicle insurance:					
Copy of CPR certification:					
Copy of TB test:					
Copy of volunteer contract:					
I acknowledge that the above listed information is true, accurate, and complete to the best of my knowledge. I understand that the information I provide about me shall be used solely for the purpose of conducting a national background check to include criminal history record clearance as part of the volunteer certification process. I hereby authorize Hawaii Organ Procurement Organization, Legacy of Life Hawaii, to conduct a national background check on the information I provided.					
Signature	_ Date				
Printed Name	_				

# **Hawaii Organ Procurement Organization (HOPO)**

Document Number: MK-FORM1	Approval Date: 04/16/2014	Effective Date: 04/16/2014	Revision: 2		
Title: Volunteer Confidentiality and Non-Disclosure Agreement Form					
This agreement is made as of the	HOPO) dba Legacy of sof disclosure by LLI limited to organ and ting to LLH and its open comparts of the compart of the paragreement of the paragreement of the paragreement by mutual of the paragreement by mutual of the paragreement of the paragreement by mutual	of Life Hawaii (LLH).  H to volunteer of cert / or tissue donor and perations.  grees: elated activities authors is with the same deg milar nature. press written permiss accordance with the rties relating to its su itten agreements. written agreement of	tain d family orized by ree of care sion of LLH. laws of the ubject matter f the parties.		
Signature		9			
Printed Name	Title	Date			

# **Hawaii Organ Procurement Organization (HOPO)**

Document Number:	Approval Date:	Effective Date:	Revision:
MK-FORM-1.1	04/16/2014	04/16/2014	2
Title: Photo/V	ideo Release Forn	n	
I hereby grant Hawaii Organ Prod Hawai'i (LLH) and its trustees, officers, unrestricted right to use, reproduce and of me, included in whole or in part, for a whatsoever.	employees, legal a publish photograp	gents and assigns hs, pictures or vide	s, the eo images
I hereby waive any right that I may product or the advertising copy that may which it may be applied. I will make no of any of the above listed images of me	y be used in conne monetary or other	ction therewith, or	the use to
I hereby release LLH and its trus assigns from any and all claims, actions	•		
Print Name			
Signature	Dat	e	
Phone Number	_		
Address	City	State Z	ip Code
If under 18, Signature of Parent/Guardia	an Dat	e	
Parent/Guardian Print Name			

## Volunteer Rights

I have the right to...

- Be respected by staff and volunteers
- Refuse to perform certain tasks that I am not comfortable with
- Not have the responsibilities of a paid employee
- Not be left at a venue alone
- Not to be at a speaking venue alone
- Be treated fairly
- Volunteer at a safe and healthy environment
- Be recognized for volunteer services

### **Dress Code for Volunteers**

- Please dress appropriately for the event you will be attending
  - o Speakers generally wear business casual
  - o Health fair volunteers generally wear shorts/jeans and their LLH t-shirts
- Understand that when you are at an event, you are representing LLH and organ donation
- Shoes: You may be standing for periods of time, in various settings please wear comfortable shoes that you can walk around in.
- If you need of a new LLH shirt, please let us know *before* your next event, so we can bring it with us to the venue

## **General Emergency Procedures**

Your safety is our HIGEST priority!!

- Try to note where the closest fire escape, first aid kit, or defibrillator is to your location
- If someone has collapsed, or is in need of emergency attention:
  - o CALL 911 FIRST. Even if you hear of others calling 911, it is always better to have too many calls then none
  - o The 911 dispatcher is highly trained: **IF** you are able to, follow the dispatchers instructions
  - o When the situation permits, and if we don't already know, let LLH staff know what happened
- In case of a fire or emergency evacuation:
  - O DO NOT STOP TO TEXT, TWEET, OR HASHTAG!
  - o Follow the instructions given to you by emergency personnel
  - o If you have to abandon the booth, that's OK!! We can replace everything except you

### Other

- If you are driving to an event:
  - o Do not text and drive
  - o Wear your seatbelt
  - o We understand that flat tires, accidents, and tickets happen. If you can, call us. But please don't stress over this.
- Illness
  - o If you are ill stay home
    - If you become ill while at the event, let LLH staff know and go home
    - If you are getting over a cold/flu, please stay home and alert LLH staff
    - Wash your hands or use hand sanitizer
- Training sessions and workshops
  - o We hold regular orientations for new and veteran volunteers. At this event we will go over any new policies and procedures, update your volunteer files, and replace your old LLH t-shirts with a new one (if needed). Your attendance is greatly appreciated and it gives you an opportunity to meet fellow volunteers. Lunch will be provided.
  - o Before certain campaigns we may hold workshops to help get everyone on the same page. If you feel you are unprepared for an event, please let us know and we will work with you on this.