

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

FAX: _____ E-mail: _____

Best time and way to contact you: _____

I am interested in the following volunteer opportunities:

- | | | |
|--|---|--|
| <input type="checkbox"/> Public Advocacy (Public Policy) | <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> <i>Special Events:</i> |
| <input type="checkbox"/> Development Assistant | <input type="checkbox"/> U.S. Transplant Games | <input type="checkbox"/> Cadillac Invitational Golf Tournament |
| <input type="checkbox"/> Program Assistant | <input type="checkbox"/> Web-Page Design | <input type="checkbox"/> Louisville Tournament (June) |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Heath Fairs | <input type="checkbox"/> Lexington Tournament (July) |
| <input type="checkbox"/> Planning Committees | <i>- Ongoing throughout the year. During normal business hours and weekends</i> | <input type="checkbox"/> Gift of Life Walk (Sept) |
| <input type="checkbox"/> Office Assistants | | <input type="checkbox"/> Great Chefs of Bluegrass (TBA) |
| <input type="checkbox"/> General Fundraising | | |

Education and Work Experience: _____

Previous Volunteer Experience:

Agencies worked with: _____

Assignments or tasks: _____

Most convenient time (days/hours) for you to volunteer? _____

Do you speak any language other than English? _____

How did you hear about our volunteer opportunities?

- Internet (Web page, volunteermatch.com, other) _____
- Family Member: my _____ has kidney disease
- Kidney Patient (Presently on dialysis)
- Donor Recipient (kidney, liver, heart, pancreas, tissue, bone marrow, other) _____
- Friend of a person with kidney disease and/or a transplant
- Heath Care professional
- Newspaper
- Other _____

In case of emergency notify: _____

Applicant's Signature

Date