



# Donate Life Connecticut Volunteer Questionnaire

Thank you for your interest in volunteering with the Donate Life Connecticut. Your participation and ideas are greatly appreciated. Please take a moment to fill out this volunteer questionnaire and when complete return to our Director, Alison Keating through email at [DonateLifeCT@gmail.com](mailto:DonateLifeCT@gmail.com) or PO Box 278, Durham, CT 06422.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone (home&alt): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If you are under 18 year old a parent/legal guardian signature is required \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about DLC's volunteer program (circle all that apply)?

- |                      |                        |                                  |
|----------------------|------------------------|----------------------------------|
| DLC Web site         | DLC volunteer          | DLC Member Agency                |
| HH Transplant Center | YNHH Transplant Center | Other Transplant center, specify |
| DLC Board Member     | Other                  |                                  |

1. Are you a donor family member? Y      N

Name of Donor \_\_\_\_\_

Relationship to Donor \_\_\_\_\_

Age of Donor \_\_\_\_\_

Hospital donation occurred \_\_\_\_\_

Date of Donation \_\_\_\_\_

2. Are you a living donor? Y      N

Type of transplant \_\_\_\_\_

Transplant center \_\_\_\_\_

Name of recipient (relation) \_\_\_\_\_

Date of transplant \_\_\_\_\_

3. Are you or someone in your family an organ transplant recipient? Y      N

Type of transplant(s) \_\_\_\_\_

Transplant center \_\_\_\_\_

Name of recipient (relation) \_\_\_\_\_

Date of transplant(s) \_\_\_\_\_

Diagnosis \_\_\_\_\_

4. Are you or someone in your family a cornea or tissue transplant recipient? Y      N

Type of transplant(s) \_\_\_\_\_

Transplant center \_\_\_\_\_

Name of recipient (relation) \_\_\_\_\_

Date of transplant(s) \_\_\_\_\_

Diagnosis \_\_\_\_\_

5. Are you or someone in your family currently waiting for a transplant? Y      N

Type of transplant(s) \_\_\_\_\_

Transplant center \_\_\_\_\_

Name of candidate (& relation) \_\_\_\_\_

Diagnosis \_\_\_\_\_

6. Other Interested Individual Transplant Professional