

New England Organ Bank – Donate Life New England
VOLUNTEER APPLICATION

Please fill out and return to Jenn Cray at jennifer_cray@neob.org or NEOB, 60 First Avenue, Waltham, MA 02451

| | | |
|--|-------------|------------------------|
| Name: | | |
| E-mail: | Home phone: | Cell Phone: |
| MAILING ADDRESS | | |
| Street: | | |
| Town/City: | State: | ZIP Code: |
| DATE OF BIRTH: | OCCUPATION: | |
| EMERGENCY CONTACT | Name: | Phone: |
| In the space below tell us about you and your interest in promoting donation: | | |
| | | |
| Are you fluent in another language? | Y/N | Language: |
| Did you or someone you know receive an organ or tissue transplant or currently waiting for a transplant: | | Y/N |
| Name of transplant recipient: | | |
| Type of Transplant: | Hospital: | Date of Transplant: |
| | | |
| Are you a Living Donor: | | Y/N |
| Organ you donated: | Hospital: | Date of Transplant: |
| | | |
| Are you a Donor Family Member: | | Y/N |
| Name of your loved one who donated: | | Relationship to donor: |
| Hospital where the donation took place: | | Date of donation: |
| Was your loved one a registered donor: | | Y/N |
| NEOB Volunteers participate in a variety of awareness programs, tell us what you are interested in (type YES or circle all that apply): | | |
| Donor drives | Speaking | Fundraising |
| Other interests: | | |
| | | |
| Signature of applicant: | | Date: |
| Signature of parent/guardian if applicant is under 18: | | Date: |



New England Organ Bank, a Donate Life Organization
 60 First Avenue, Waltham, MA 02451 • (800)446-6362
www.DonateLifeNewEngland.org • www.NEOB.org

