

# CONFIDENTIALITY STATEMENT

TO: All LifeSource Temporary Workers, and Volunteers

FROM: Susan Gunderson, Chief Executive Officer

SUBJECT: Confidential Information

The Board of Directors calls to your attention the fact that all temporary workers and volunteers of LifeSource assume an obligation to conduct themselves in accordance with the accepted principle to hold confidential all information concerning patients, donors, and recipients. On a regular basis, personnel and volunteers may have access to highly confidential medical information from LifeSource member transplant programs and donor hospitals. On no occasion will a LifeSource individual divulge to any unauthorized individual information regarding laboratory, medical, surgical, social, or other related information.

Temporary workers and volunteers of LifeSource must also refrain from revealing any confidential information concerning employees or business operations. Any carelessness or thoughtlessness in this respect leading to the release of such information is not only unethical but may involve the individual and/or LifeSource. Unauthorized release of any and all confidential information at LifeSource may be cause for immediate dismissal or termination of a volunteer relationship.

## AGREED TO:

**I have read the above statement, I understand the contents, and I agree, unless authorized, to withhold confidential information.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

# Volunteer Profile

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_  
e-mail: \_\_\_\_\_

The best time or way to contact me is: \_\_\_\_\_

Occupation \_\_\_\_\_

- I am a member of a donor family. My relationship to donor: \_\_\_\_\_  
Donor's name: \_\_\_\_\_ Date of donation: \_\_\_\_\_
- I am a recipient. Type of transplant: \_\_\_\_\_ Date of transplant: \_\_\_\_\_  
Hospital at which the transplant(s) was performed: \_\_\_\_\_
- I am a member of a recipient family. My relationship to recipient: \_\_\_\_\_  
Recipient's name: \_\_\_\_\_ Type of transplant: \_\_\_\_\_ Date: \_\_\_\_\_
- I am waiting for an organ transplant. Type: \_\_\_\_\_
- Other: \_\_\_\_\_

When are you available to volunteer?  Weekdays  Evenings  Weekends  Anytime

- I am not interested in volunteering with LifeSource at this time, please take me off your mailing list.
- I am interested in (check all that apply):

### Speaker's Bureau

- Medical/nursing groups
- Public groups
- Radio/TV/newspaper interviews
- High school students

### General Office

- Stuffing envelopes, copying, etc.
- Computer/data entry
- Computer/Desk Top Publishing

### Staffing Booths/ Exhibits

- Staff booths and exhibits at state fairs, health fairs, etc

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

Please complete the skills and interest assessment form on the back of this document. Remember – our goal is to create opportunities that match your background and talents to the mission of LifeSource. In order to do that, we need to know as much as possible about you. While the information is optional, it will help us in our efforts to “get the message out.”

# Volunteer Profile

LifeSource Training: (please list all LifeSource training) \_\_\_\_\_  
\_\_\_\_\_

Have you been sent out by LifeSource to speak? Where? \_\_\_\_\_  
\_\_\_\_\_

Other volunteer work done for LifeSource: \_\_\_\_\_  
\_\_\_\_\_

What previous experience have you had in public speaking? \_\_\_\_\_  
\_\_\_\_\_

What type of work do you do? What kinds of work have you done? \_\_\_\_\_  
\_\_\_\_\_

What social/professional/church groups do you participate in regularly? \_\_\_\_\_  
\_\_\_\_\_

Please indicate in which of the following areas you might be able to share your expertise.

- |                                                 |                                               |                                             |
|-------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Photography            | <input type="checkbox"/> Graphic Design/Art   | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Videography            | <input type="checkbox"/> Writing              | <input type="checkbox"/> Training/Education |
| <input type="checkbox"/> Music                  | <input type="checkbox"/> Event Coordination   | <input type="checkbox"/> Calligraphy        |
| <input type="checkbox"/> Newsletter Publication | <input type="checkbox"/> Web Site Design/Mgmt | <input type="checkbox"/> Church Relations   |
| <input type="checkbox"/> Phone Calling          | <input type="checkbox"/> Community Relations  | <input type="checkbox"/> Flower arranging   |

Please list any other hobbies, talents, abilities, connections, or interests you may have and explain in more detail the boxes you checked. The more we know about you, the better utilized your volunteer talents will be!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

Attn: Jeff Richert  
LifeSource  
2550 University Avenue West, Suite 315 South  
St. Paul, MN 55114-1904  
Phone: (651) 603-7862

# Volunteer Emergency Information

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

In case of emergency, notify:

Telephone: (     )     

Cell Phone: (     )     

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Doctor's Name:

Telephone: (     )     

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Volunteer Signature:

Date: