

LifeSource

ORGAN, EYE AND TISSUE DONATION

Dear Potential Donate Life Ambassador,

Thank you for your interest in working with us to share the life-saving message of organ, eye and tissue donation. Our goal is to educate the public about donation and encourage more people to register as an organ, eye and tissue donor so that more people receive the transplants they need.

You have the opportunity to make a significant impact in your community. Whether you are a donor family member, transplant recipient, caregiver, transplant candidate or interested community member, you have a story to share and the ability to change the hearts and minds of the people with whom you interact. You have the opportunity to help us save more lives.

Our Donate Life Ambassadors are charged with creating goodwill about organ and tissue donation and LifeSource in their community. This may involve requests by LifeSource for Ambassadors to share their story with a variety of audiences and also involves self-directed opportunities. Our Ambassadors make a real difference every day in communities across the Upper Midwest.

Enclosed you will find a Donate Life Ambassador packet that includes our program purpose statement, an application, confidentiality statement, and emergency contact form. Please complete and return this paperwork so we can better understand your interests and background. After receiving this packet I will be in touch with you to discuss next steps.

Again, thank you for your interest. Our hope is that our Donate Life Ambassadors find their experience to be both rewarding and healing. For more information about LifeSource and organ and tissue donation, please visit www.life-source.org.

Sincerely,



Teresa Turner
Advocacy and Ambassador Coordinator
Phone: 612.800.6288
Email: tturner@life-source.org



Purpose Statement

The purpose of the LifeSource Donate Life Ambassador Program is to directly support the mission of LifeSource, the non-profit organization dedicated to saving lives through organ and tissue donation in the Upper Midwest. Our ambassadors are committed to educating the public about organ, eye and tissue donation so that people in our communities can make a positive decision about donation and register to be a donor. Ambassadors pledge to offer their diverse skills, talents and experiences as volunteers with LifeSource to help increase donation so that more people will receive the transplants they need.

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Confidential Information

As a LifeSource Donate Life Ambassador, we ask that you follow a code of ethics. These ethics should guide your behavior, as one of our most fundamental responsibilities concerns confidentiality.

During the course of your volunteer work with LifeSource, you may, on occasion, have access to confidential information. Your work may bring you information of a personal nature about the people that LifeSource serves, or about the operations of LifeSource or our team members. Our Code of Ethics states that you may not repeat any information of a confidential nature to anyone. Neither may you use any information received to your personal advantage.

Confidentiality is a fundamental right of those we serve, and it is guaranteed through your adherence to our Donate Life Ambassador expectations. Please sign the confidentiality statement as part of your Ambassador application with LifeSource.

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CONFIDENTIALITY STATEMENT

TO: All LifeSource Donate Life Ambassadors
FROM: Susan Gunderson, Chief Executive Officer
SUBJECT: Confidential Information

The Board of Directors calls to your attention the fact that all LifeSource Donate Life Ambassadors 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, Donate Life Ambassadors may have access to highly confidential medical information from LifeSource member transplant programs and donor hospitals. On no occasion will a LifeSource Donate Life Ambassador divulge to any unauthorized individual information regarding laboratory, medical, surgical, social, or other related information.

Donate Life Ambassadors must also refrain from revealing any confidential information concerning employees or business operations. Unauthorized release of any and all confidential information at LifeSource may be cause for 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.

Signature _____ Date _____



LIFESOURCE DONATE LIFE AMBASSADOR PROFILE

Please **print, sign,**
and **return** this form
to LifeSource

Name _____ Today's Date _____

Phone HOME _____ WORK _____ CELL _____

Address _____

City, State, Zip _____

Email _____ Date of birth _____

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 _____

Transplant Center _____

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 _____ Transplant Center _____

Other _____

When are you available to volunteer? Weekdays Evenings Weekends Anytime

VOLUNTEER OPPORTUNITIES:

Public Speaking

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

Community Events

- Staff booths/exhibits at county fairs, health fairs, etc.

Office Assistance – General

Special Events/Requests

T-shirt size: Women's Sm Md Lg XL 2XL

Men's Sm Md Lg XL 2XL 3XL

LifeSource may use Ambassador photos on social media sites to help show the positive impact our Ambassadors have in the community. Please check "no" if you do not want any photos of yourself shared. No

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

Complete the skills and interests assessment form—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 share the message of donation.



AMBASSADOR SKILLS AND INTERESTS

Please share your reason for volunteering with us _____

Do you have a previous connection to LifeSource and/or volunteering with us? _____

What previous experience have you had in public speaking? _____

How comfortable are you with sharing your donation/transplant story? _____

What type of work do you do? What kinds of work have you done? _____

Do you have affiliations with any groups or organizations? (e.g., church group, professional group, school, civic group) _____

Please list any other hobbies, talents, abilities, connections, or interests you may have _____

Please provide 100 – 300 words describing your experience with donation and transplantation. You may use a separate sheet of paper or email tturner@life-source.org.

RECIPIENTS TELLS US:

- What led to the need for your transplant?
- How were your family and friends impacted by your illness?
- How was your life impacted?
- What are you doing now that you could not do because of your illness?

DONOR FAMILIES TELL US:

- Something about your loved one
- How your loved one passed away
- What helped make your decision
- What organs/tissue were donated
- How you feel about your decision

ALL OTHERS TELL US:

- How have you been touched by donation/transplantation
- Any specific incident or relationship

Please email your completed form to tturner@life-source.org, or, print and mail it to:

Attn: Teresa Turner
LifeSource
2225 West River Road North
Minneapolis, MN 55411



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EMERGENCY CONTACT INFORMATION

Ambassador Name _____

In case of emergency, notify _____

Phone HOME _____ WORK _____ CELL _____

Address _____

City, State, Zip _____

Ambassador Signature _____

Date _____