

National Marrow Donor Program Volunteer Ambassador Application



NATIONAL
MARROW
DONOR
PROGRAM®

Thank you for your interest in volunteering in this life-saving program. Please complete this form to ensure we can best match your skills and talents with needed support. Your efforts are greatly appreciated.

Contact Information

Name:

Date:

Home Address:

Street Address:

City:

State:

Zip:

Home Ph: ()

Home Fax: ()

Company or School:

Street Address:

City:

State:

Zip:

Occupation:

Work Ph: ()

Work Fax: ()

Cell Ph: ()

E-mail:

NOTE: Most volunteer ambassador communication will be via e-mail. Your e-mail will not be used for any other purposes without approval.

Are you Bilingual? No Yes If yes, language spoken _____

How did you hear about the National Marrow Donor Program?

National Marrow Donor Program Volunteer Ambassador Application



Why are you interested in being a volunteer?

Availability

When are you available for volunteer assignments?

<input type="checkbox"/> Sunday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings
<input type="checkbox"/> Monday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings
<input type="checkbox"/> Tuesday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings
<input type="checkbox"/> Wednesday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings
<input type="checkbox"/> Thursday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings
<input type="checkbox"/> Friday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings
<input type="checkbox"/> Saturday	<input type="checkbox"/> mornings	<input type="checkbox"/> afternoons	<input type="checkbox"/> evenings

Interests

Which areas you are interested in volunteering.

- Helping at Recruitment Drives
- Helping at Education and Awareness Events
- Public Speaking
- General Office
- Computer Work (desktop design, spreadsheets)
- Public Speaking
- Fundraising
- Other (please specify)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, that may be useful in work as a volunteer for the National Marrow Donor Program.

National Marrow Donor Program Volunteer Ambassador Application



NATIONAL
MARROW
DONOR
PROGRAM®

Previous Volunteer Experience

Have you been a volunteer for other groups/organizations? If so, please list:

References

Please list two references:

Name

Address or e-mail

Daytime Phone #

OPTIONAL QUESTIONS:

We appreciate your responses to the following questions. Thank you.

Gender:

Female Male

Ethnicity:

Hispanic/Latino
 Not Hispanic/Latino

Select **one or more** of the following which best defines your race:

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White
 Other _____ Unknown

Person to Notify in Case of Emergency

Name	
Street Address	
City State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

National Marrow Donor Program Volunteer Ambassador Application



NATIONAL
MARROW
DONOR
PROGRAM®

Confidentiality Policy

Volunteers are responsible for maintaining the confidentiality of all personal information encountered while volunteering at NMDP events. This may include information about volunteers, clients, or other people involved in NMDP work. All volunteers shall sign this confidentiality agreement. A copy will be maintained by the NMDP Volunteer Services Coordinator.

Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

Agreement and Signature

I agree that any knowledge of a confidential nature gained as a result of my NMDP volunteer position or my presence at events hosted by this organization *is* and *will remain* confidential. Likewise, my personal information as a volunteer ambassador will remain confidential.

I have read the above agreement about confidentiality and affirm that I will abide by this agreement.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Donor Center Supervisor Signature	
Date	

NMDP Policy

The National Marrow Donor Program provides equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Return completed form to:

John Pawloski
Volunteer Coordinator
National Marrow Donor Program
3001 Broadway Street NE
Minneapolis, MN 55413 Fax: 612 627-8118