



of Indiana

Volunteer Interest Form

Name: _____ Occupation: _____

Organization you represent (if any): _____

Address: _____

City _____ State _____ Zip _____ County _____

Phone (H) _____ (W) _____ (M) _____

Email: _____

1. Connection to Kidney Disease:

- I have kidney disease.
- I have experienced dialysis.
- I am a transplant recipient
- I am a living donor
- I have a friend or family member with kidney disease

2. Which volunteer opportunities are you interested in?

- Special Events Planning Committees
- Kidney Camp
- Indiana Kidney Check (screening)
- Health Fairs
- Speaking engagements (education or advocacy)
- Wearing the costume for our mascot "Billy the Kidney" at various events
- Office Volunteer (e.g. mailings, copying, filing, etc.)