



## DONOR FAMILY PROFILE

To help in the planning and publicity efforts for the Games, we'd like to get to know more about you. You are not under any obligation to supply this information, but your input will help us do a better job telling the story of the Games and organ and tissue donation. Please complete one form for each member of your family. We thank you for your assistance.

If possible, please attach two recent photos of you and/or other members of your family who will be coming to the Games. Please print your name, address and phone on the back of each photos. Sorry, we cannot return these.

Name \_\_\_\_\_ Sex male female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Birthdate \_\_\_\_\_

Name of donor \_\_\_\_\_ age at death \_\_\_\_\_ date of death \_\_\_\_\_

Your relationship to donor (son, mother, brother, daughter, sister, etc...) \_\_\_\_\_

Organ (s) donated (check all that apply) kidneys liver heart lungs  
pancreas

Tissue (s) donated (check all that apply) bone veins ligaments skin cornea  
other \_\_\_\_\_

Marital status single married

Do you have children? yes no

Please list names and ages and circle if attending the Games \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employed full time part time volunteer currently unemployed/retired

Please tell us your family's personal organ donation story, including anything particularly unusual or dramatic that occurred (attach additional sheets if necessary)

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Do you participate in any volunteer activities to support donor families or promote organ and tissue donation? yes no

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended other Transplant Games events? If so, which ones?

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

Has anyone in your family ever needed a transplant? yes no If yes, please explain

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

Please describe your feelings about the Transplant Games and why you choose to participate

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

Have any special friendships formed as a result of your participation in the Games or as a result of your donation experience? yes no If yes, please explain

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

Have you had any contact with any of your transplant recipients? yes no If yes, please describe \_\_\_\_\_

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

If you haven't already met your recipients, would you like to do this? Do you have any plans to meet in the future? Please explain \_\_\_\_\_

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

Please list names of local or national newspapers, magazines, TV and/or radio shows that have featured your family's story (attach copies of clips if possible).

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

Are you interested and willing to participate in media interviews? yes no

Date \_\_\_\_\_ Signature \_\_\_\_\_