



VOLUNTEER GROUP COMMITMENT FORM

Organization Information:

Organization/Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Type of Group (Please Circle): Corporate, Community/Nonprofit. School/University. Civic. Hospital,

Other: _____

Number of Volunteer: _____

Age Range of Group: _____

Volunteer Preferences:

Sponsors of the 2022 Donate Life Transplant Games receive priority for volunteer assignments. Assignments include but are not limited to: event set-up and break down, registration check-in, sports competitions, medical assistance, medal presentations, special events and TGA village.

Preferred Volunteer Date(s):

No Preference

Friday, July 29

Saturday, July 30

Sunday, July 31

Monday, August 1

Tuesday, August 2

Wednesday, August 3

Primary Contact Information:

Name: _____

Position/Title: _____

Email: _____

Primary Phone: _____