

OPTN Committee Volunteer Interest Form

Want to make a difference? We are seeking volunteers and professionals representing many disciplines involved in procurement, donation and/or transplantation to help shape the future of the national transplant system.

* Required

Personal and Background Information

1. First Name *

2. Last Name *

3. Preferred Email Address *

4. Preferred Phone Number *

5. Preferred phone option *

- ☐ Work
- ☐ Cell
- ☐ Home

6. Sex *

- ☐ Man
- ☐ Woman
- ☐ Prefer Not to Disclose

7. Ethnicity. Please select all that apply. *

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer Not to Disclose

8. Race: Please select all that apply. *

- ☐ African American
- ☐ American Indian
- ☐ Asian/Indian Sub-Continent
- ☐ Caucasian (non-Hispanic)
- ☐ Hawaiian/Other Pacific Islander
- ☐ Prefer Not to Disclose
- ☐ Other

9. Procurement, donation, or transplantation experience *

- ☐ Transplant Hospital
- ☐ Organ Procurement Organization
- ☐ Histocompatibility Laboratory
- ☐ Patient, Donor, or Family
- ☐ Other

10. Please state your personal experience with donation and/or transplantation. *

- ☐ Not applicable
- ☐ Transplant recipient
- ☐ Transplant candidate
- ☐ Living organ donor
- ☐ Family member of a transplant recipient
- ☐ Family member of a transplant candidate

- ☐ Family member of a living donor
- ☐ Family member of a deceased donor
- ☐ Other

11. Is there someone you would like copied on all correspondence (e.g., administrative assistant, caregiver)? * If "Yes" à answer #11-#12. If "No" à go to #13.

- ☐ Yes
- ☐ No

12. Individual's email *

13. Individual's phone number *

14. In what OPTN region do you currently **live**? Please select one. *

- ☐ Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Eastern Vermont
- ☐ Region 2: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, West Virginia, Northern Virginia
- ☐ Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico
- ☐ Region 4: Oklahoma, Texas
- ☐ Region 5: Arizona, California, Nevada, New Mexico, Utah
- ☐ Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, Washington
- ☐ Region 7: Illinois, Minnesota, North Dakota, South Dakota, Wisconsin
- ☐ Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, Wyoming
- ☐ Region 9: New York, Western Vermont
- ☐ Region 10: Indiana, Michigan, Ohio
- ☐ Region 11: Kentucky, North Carolina, South Carolina, Southern Ohio, Tennessee, Virginia

15. In what OPTN region do you currently **work**? Please select one. *

- ☐ Not applicable
- ☐ Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Eastern Vermont

- ☐ Region 2: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, West Virginia, Northern Virginia
- ☐ Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico
- ☐ Region 4: Oklahoma, Texas
- ☐ Region 5: Arizona, California, Nevada, New Mexico, Utah
- ☐ Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, Washington
- ☐ Region 7: Illinois, Minnesota, North Dakota, South Dakota, Wisconsin
- ☐ Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, Wyoming
- ☐ Region 9: New York, Western Vermont
- ☐ Region 10: Indiana, Michigan, Ohio
- ☐ Region 11: Kentucky, North Carolina, South Carolina, Southern Ohio, Tennessee, Virginia

16. Are you currently employed? * If "Yes"à answer #17-#24. If "No"à go to #25.

- ☐ Yes
- ☐ No

17. What is your employment status? [Select one]

- ☐ Full-time
- ☐ Part-time
- ☐ Contractor
- ☐ Volunteer
- ☐ N/A.

18. Is your current employer/ organization aware of your application to the OPTN Board?

- ☐ Yes
- ☐ No

19. Current employer *

20. Title *

21. Employer street address *

22. Employer city *

23. Employer state *

24. Employer zip code *

25. Professional degrees and certifications. Please select all that apply. *

- ☐ Not Applicable
- ☐ MD or DO
- ☐ JD
- ☐ PhD
- ☐ BA
- ☐ BS
- ☐ BSN
- ☐ MS
- ☐ MSN
- ☐ MSHS
- ☐ MHA
- ☐ MPA
- ☐ MPP
- ☐ MPH
- ☐ MA
- ☐ MBA
- ☐ RN
- ☐ CPTC
- ☐ CCTC
- ☐ SW
- ☐ MSW
- ☐ LCSW
- ☐ PharmD
- ☐ Other

Volunteer Interest

26. Please select **up to three** committee(s) you are interested in serving on. Descriptions of each committee can be found on HRSA's website:

<https://www.hrsa.gov/optn/about/governance/committees>. *

- ☐ Data Advisory Committee
- ☐ Disease Transmission Advisory Committee (Ad Hoc)
- ☐ Ethics Committee
- ☐ Heart Transplantation Committee
- ☐ Histocompatibility Committee
- ☐ International Relations Committee (Ad Hoc)
- ☐ Kidney Transplantation Committee
- ☐ Liver & Intestinal Organ Transplantation Committee
- ☐ Living Donor Committee
- ☐ Lung Transplantation Committee
- ☐ Membership & Professional Standards Committee (MPSC)
- ☐ Minority Affairs Committee
- ☐ Multi-Organ Transplantation Committee (Ad Hoc)
- ☐ Network Operations Oversight Committee (NOOC), as a non-voting IT advisor
- ☐ Operations & Safety Committee
- ☐ Organ Procurement Organization Committee
- ☐ Pancreas Transplantation Committee
- ☐ Patient Affairs Committee
- ☐ Pediatric Transplantation Committee
- ☐ Transplant Administrators Committee
- ☐ Transplant Coordinators Committee
- ☐ Vascularized Composite Allograft Transplantation Committee

27. Of the committees you selected above, please type the name of your **first-choice** committee and describe how your experience and/or expertise could contribute to the work of the committee. *

28. Of the committees you selected above, please type the name of your **second-choice** committee and describe how your experience and/or expertise could contribute to the work of the committee. If you did not select a second committee, please type "N/A." *

29. Of the committees you selected above, please type the name of your **third-choice** committee and describe how your experience and/or expertise could contribute to the work of the committee. If you did not select a third committee, please type "N/A." *

30. Please select whether you would be interested in serving as a committee chair, committee vice chair, and/or regional representative. Descriptions of each position can be found on HRSA's website: <https://www.hrsa.gov/optn/about/volunteer/roles-vacancies> *

- ☐ Committee Chair
☐ Committee Vice Chair
☐ Regional Representative
☐ None of the Above (Interested in At Large Representative Only)

31. If you are interested in serving as a **committee chair and/or vice chair**, please provide a brief statement outlining your interest in the role(s). If you did not select the role(s), please enter "N/A." *

32. If you are interested in serving as a **regional representative**, please provide a brief statement outlining your interest in the role(s). If you did not select the role(s), please enter "N/A." *

Transplantation and Procurement Experience

33. Please select the transplant program(s) with which you are currently **directly involved**. Select all that apply. *

- ☐ Not Applicable
- ☐ Heart
- ☐ Intestine
- ☐ Kidney
- ☐ Liver
- ☐ Lung
- ☐ Pancreas
- ☐ VCA – Abdominal Wall
- ☐ VCA – External Male Genitalia
- ☐ VCA – Genitourinary Organs
- ☐ VCA – Head & Neck
- ☐ VCA – Lower Limb
- ☐ VCA – Musculoskeletal Composite Graft Segment
- ☐ VCA – Other Genitourinary Organ
- ☐ VCA – Spleen
- ☐ VCA – Upper Limb
- ☐ VCA – Uterus
- ☐ VCA – Vascularized Gland
- ☐ Other

34. Please indicate your primary area of responsibility. *

- ☐ Not Applicable
- ☐ Anesthesiology
- ☐ Critical Care
- ☐ Healthcare Finance
- ☐ Histocompatibility
- ☐ Immunology
- ☐ Infectious Disease
- ☐ Living Donation
- ☐ Paired Donation
- ☐ Pathology
- ☐ Pediatrics
- ☐ Procurement
- ☐ Psychology/Psychiatry
- ☐ Social Work
- ☐ Transplant Administration
- ☐ Transplant Coordination

☐ Other

35. If you have personal experience with donation and/or transplantation, how has this experience contributed to your interest in volunteering? If you do not have personal experience with donation and/or transplantation, please type "N/A." *

Previous OPTN Volunteer Experience

33. Are you currently serving as a volunteer with the OPTN? * If "Yes"à answer #34. If "No"à go to #35.

☐ Yes
☐ No

34. Please describe your current OPTN volunteer role(s). *

35. Have you volunteered with the OPTN before in the past? * If "Yes"à answer #36. If "No"à go to #37.

☐ Yes
☐ No

36. Please describe your past OPTN volunteer role(s). *

Professional Skills

37. Do you have experience in **ethics**, such as training or professional experience in applying ethical principles within your scope of work (e.g., medical ethicist, researcher or clinician with explicit ethics focus, philosopher)? * If "Yes"à answer #38. If "No"à go to #39.

- ☐ Yes
- ☐ No

38. Please describe your previous or current role(s) and responsibilities in applying ethical principles. *

39. Do you have experience in **finance**, such as the management and analysis of an entity's finances (e.g., financial analyst, finance committee member, Chief Financial Officer)? * If "Yes"à answer #40. If "No"à go to #41.

- ☐ Yes
- ☐ No

40. Please describe your previous or current role(s) and responsibilities in managing and analyzing an entity's finances. *

41. Do you have experience in **governance**, such as overseeing the direction of an organization and holding it accountable to meet organizational goals (e.g., President, executive director, board member)? * If "Yes"à answer #42. If "No"à go to #43.

- ☐ Yes
- ☐ No

42. Please describe your previous or current role(s) and responsibilities in governing and overseeing an organization. *

43. Do you have experience in **logistics or operations** in transporting organs or other products, such as facilitating or overseeing supply chain logistics, operational efficiency, or transportation and shipping (e.g., Chief Supply Chain Officer, operations manager, clinical or donation coordinator)? * If "Yes"à answer #44. If "No"à go to #45.

- ☐ Yes
- ☐ No

44. Please describe your previous or current role(s) and responsibilities in logistics or operations. *

45. Please indicate your strengths/skills in these additional areas. Please select all that apply. *

- ☐ Not Applicable
- ☐ Behavioral Economics

- ☐ Bio-Medical Engineering
- ☐ Business
- ☐ Executive Management
- ☐ Government Relations/Public Policy
- ☐ Information Technology
- ☐ Legal/Risk Management
- ☐ Marketing/Public Relations
- ☐ Non-Profit Organizations
- ☐ Public Health/Epidemiology
- ☐ Quality/Process Improvement
- ☐ Research
- ☐ Strategic Planning
- ☐ Other

46. Briefly describe experience in the areas you selected above or type "N/A." *

Additional Information

47. Tell us anything about yourself that is not captured and that you think is relevant, including any volunteer experience in procurement, donation and transplantation outside of the OPTN, if applicable. (Optional)

Please enter at most 500 characters

48. How did you hear about applying for OPTN Committee service? Please select all that apply. *

- ☐ Email
- ☐ Conference
- ☐ Referral
- ☐ Regional Meeting
- ☐ Social Media (LinkedIn, Instagram, Facebook, X)
- ☐ OPTN Website
- ☐ Other Website
- ☐ Other

Almost there!

Attention: We encourage you to submit a resume/CV with your application.

Don't forget to click "Submit" below.

Thank you for your interest in serving the OPTN. We have received your volunteer application.

Public Burden Statement: This collection includes Organ Procurement and Transplantation Network (OPTN) Board of Directors and committee member applications and forms. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 1.27 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.