



## IOWA LIONS TRANSPORT PROGRAM APPLICATION

Yes! I can serve by volunteering to transport eye tissue for the Iowa Lions Eye Bank in Coralville.

Club \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone:

Cell (required) \_\_\_\_\_

Home \_\_\_\_\_

I can drive:

Central Iowa to Eye Bank \_\_\_\_\_

Eye Bank to Cedar Rapids \_\_\_\_\_

Eye Bank to Quad Cities \_\_\_\_\_

I can volunteer:

1 x/mo \_\_\_\_\_ 2 x/mo \_\_\_\_\_ 3 x/mo \_\_\_\_\_ 4 x/mo \_\_\_\_\_

Days I am available: Su \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ S \_\_\_

I would like a Lions Transporter vest patch \_\_\_yes \_\_\_no

Driver's License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Number of years licensed in Iowa \_\_\_\_\_

If licensed in **another** state in last 3 years State \_\_\_\_\_ License number \_\_\_\_\_

**Warren Coleman Credit**

By transporting eye tissue, my club will receive credit towards a Warren Coleman Award.

I understand I must have a “good driving record” as defined by The University of Iowa. Volunteer Transport Application will not be approved if the driver’s past three-year driving record indicates any of the following:

- Three or more “at fault” accidents, or three or more moving violations, or a combination of three or more accidents and violations; or
- Conviction of reckless driving, conviction of driving with a suspended, denied, revoked, or barred license, conviction of hit and run, or conviction of leaving the scene; or
- License suspension, or license denial, or license revocation, or license bar; or
- Conviction of driving while under the influence of alcohol or drugs, or conviction of vehicular homicide, or conviction of any driving offense punishable as a felony.
- For purposes of reviewing driver records for eligibility or corrective action, moving violations shall not include violations for:
  - Failure to use safety belts;
  - Parking violations;
  - Past convictions, suspensions, or revocations related to civil or criminal actions unrelated to driving or vehicle operation; or
  - Speeding violations of 10 miles per hour or less over the legal speed limit only in speed zones where the legal speed limit is between 34 miles per hour and 56 miles per hour.

I state that my vehicle is adequately insured and I pledge to drive safely while transporting the precious gift of donated eye tissue, so that someone in Iowa, in the United States or in the world can have their sight restored.

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

**Return to: Iowa Lions Eye Bank, BioVentures Center, 2500 Crosspark Rd. W300, Coralville, IA 52241 Fax: 319-335-4622 Email: [info@iowalionseyebank.org](mailto:info@iowalionseyebank.org)**

<p><i>Office Use Only:</i>          University of Iowa, Risk Management Review Completed: _____          Iowa Lions Eye Bank Review Completed: _____</p>
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## **Confidentiality Agreement For Lions Transporters and Coordinators**

All ILEB volunteers are expected to respect the rights of donors and donor families, including the right of confidentiality and shall safeguard donor and donor family information within the constraints of the law.

All eye bank records and communications between the eye bank and its donors and recipients shall be regarded as confidential and privileged.

As a member of the ILEB team, volunteers will be transporting medical records, information, blood samples and eye tissue. This information may not be discussed with anyone unless this disclosure is required in the performance of duties and responsibilities. *It is a breach of confidentiality to review medical records or information not required in the performance of assigned volunteer duties.* Any concerns regarding the information transported should be directed to ILEB management.

ILEB volunteer transporters are responsible for maintaining the confidence of donors and donor families by sharing confidential information only with others who need to know and by handling any documentation of information appropriately.

Once confidential information is on paper and in volunteer transporter hands, he/she is responsible to transport to authorized persons.

Volunteer transporters are expected to be professional and maintain confidentiality at all times, whether dealing with actual records, blood/tissues or conversations to protect donors and their families as outlined in this agreement.

Situations in violation of this policy include but are not limited to:

- “Loose” talk among volunteers regarding donor specific information about any donor.
- Allowing unauthorized access to medical records which may contain confidential donor information.
- Sharing information gathered while performing duties with others who may not have a need to have such information or accessing information on individuals which do not require the volunteer transporter to need to know.
- Disclosure of the anonymity of a donor and/or their family without expressed written consent by the affected parties.

Examples of information to be protected:

- Donor information must not be accessed, removed, discussed with or disclosed to unauthorized persons, whether within or outside of ILEB/UIHC, without the proper consent of the donor family. All individuals having access to confidential information are bound by strict ethical and legal restrictions regarding the release of medical/social history. No individual may disclose to a third party, including his/her own family, information learned from donor medical records and social histories. Confidential information should not be sought on a donor or potential donor unless it applies to the job duties of the individual seeking the information.
- In the case of a suspected breach of confidentiality, notification must be made to an ILEB director.

I understand and accept my responsibilities to maintain donor family confidentiality in performance of my Lions Coordinator/Transport Volunteer duties.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

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