

# Conquering Diseases Program Volunteer Registry

Please complete this form and return to Conquering Diseases either by

- mail to Conquering Diseases, UMass CCTS AC7-141, 362 Plantation Street, Worcester, MA 01605-0002
- e-mail to [ConqueringDiseases@umassmed.edu](mailto:ConqueringDiseases@umassmed.edu) or
- fax to the attention of Conquering Diseases at 617-856-1980

We will then contact you to explain the registry. If you decide to join, we will send a consent form for you to sign and join the registry. If you decide not to join the registry, we will only keep information on this form that does not identify you directly.

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_

If you are under the age of 18 or unable to consent for yourself please provide the name and contact information of your parent, or legally authorized representative:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Are you currently being cared for by a UMass health care provider?  Yes  No

Are you interested in healthy volunteer opportunities?  Yes  No

**Ethnicity/Race** **Optional - Check All That Apply**

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

**Race:**  American Indian/Alaska Native  Asian  White  Black/African American

Native Hawaiian/Pacific Islander  Not Specified/Unknown  Other \_\_\_\_\_

**Gender** **Optional**

Male  Female  Prefer not to say  Self-Describe \_\_\_\_\_

For more information contact [ConqueringDiseases@umassmed.edu](mailto:ConqueringDiseases@umassmed.edu) or call 508-856-2556 02/05/2019