

To be completed by:



# Potential Volunteer

oiunteer	
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	- Each potential volunteer at ba prior to unit randomization - Each replacement volunteer prior training	• •	page 1 of 4  Volunteer ID: volid11
10	622 training	'	vosite11 volchk11
Мо	ial Volunteers of Public Access Defi st of these questions are check boxe	es. Please place an "X" i	
the	box (or boxes) to indicate your answ	wer, like this: 🗶	Coordinator: Please put u label
Als	o, please complete in ink.		on <i>after</i> form is completed.
1. [	vate Completed: (month) / (day)	20 (year)	
2. V	olunteer Demographics:	estagett	ariable is
age11	a) Your Age:	checked estimate	(value = 1) if d.
sex11	o) Your Gender:   Male  Fe	male	
	c) What do you consider your rac	ial background (option	al)? (Please check all that apply)
bla	ck11 ☐ Black		
asia	n11 ☐ Asian / Pacific Islander		Note:
nati	<mark>/e11</mark> ☐ Native American / First Natio	ns	Hidden variable
oth	er11  Other		nocomp11 = 1 if volunteer did not
bio	d) How would you classify your e	hnic hackground?	complete the form.
nispanii		lispanic origin	Extremely Rare
	e) What is your current marital sta	atus?	
mariti	☐ Single ☐ Married/Significa		
work11 3.	a) What is your current work statu	is? (Please check the o	<u> </u>
	1 ☐ Working full-time for pay	5  Homemaker	
	2 ☐ Working part-time for pay	6 ☐ Disabled - partiall	y or more
	3 ☐ Volunteer full-time	7 ☐ Retired	
	4 ☐ Volunteer part-time	<sup>8</sup> □ Unemployed	

b) If you are employed, what is your usual occupation? spoccu11

(20)

(please print response on the line above)

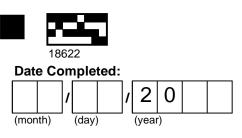




## **Potential Volunteer**

Volunteer ID: Coordinator: Please put ID label **Date Completed:** on after form is completed.

(mon	hth) (day) (year)
volrel11 4.	What is your relation to the location that is participating in the study? (check one only)
	¹ ☐ Supervisor/Manager
	<sup>2</sup> ☐ Employee
	3 ☐ Security
	4 □ Resident
	5 Other: sprel11 (30)
ducat11 5.	What is the highest level of education that you completed? (check one only)
	¹ ☐ Less than High School Graduate
	<sup>2</sup> ☐ High School Graduate or GED
	3 ☐ Some College
	4 ☐ College Graduate
	5 ☐ Post Graduate
drvlic11 6.	Do you have a driver's license?   Yes  No
omptr11 7.	Do you operate a computer? Yes No
lang11 8.	What is your native language?
	1 ☐ English
	2 ☐ Spanish
	3 ☐ French  4 ☐ Other: splang11 (20)
	4 Other: Splang11 (20)
9.	Have you ever aided in an emergency situation or aided a person having a seizure?
emgsi	<u>No</u> <u>Yes</u> t11 □ □ Emergency Situation
	r11
10.	Have you attended any of the following classes within the last 5 years?  No Yes
cpr	11
fstai	d11
advtr	n11





### **Potential Volunteer**

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Volunteer ID: Coordinator: Please put ID label on *after* form is completed.

(mont	h) (day) (year)			
diedis11 11.	Have you ever had	I a friend or family mem	ber who died of hea	rt disease?
	□ No □ Yes			
diesud1112.	0 1 Have you ever had	I a friend or family mem	ber who died sudde	nly outside of a hospital?
	□ No □ Yes			
12	0 1	of the following physical	I conditions that may	/ limit your participation
13.	as a volunteer?			mint your participation
	0 1 <u>No</u> <u>Yes</u>	0 <u>No</u>	1 <u>Yes</u>	
bckprb		roblems vision11	•	en with corrective lenses)
Ingdis	s11	Lung Disease arth11	☐ Arthritis	
hrtdi	s11 🗌 🗎 Serious	Heart Diseaseothlim11 □	Other: splim11	(30)
job11 14.	Is your volunteer r	ole in conjunction with	your job?	
	<b>0</b> □ No	·		
	1 □ Yes→ Will y	ou receive pay for the ti	ime spent in training	and retraining?
	1 🗆 '			
	pay11 <sub>0</sub> □			
	2	Not Sure		
volunt11 15.		participate in and be tra	ained for the study?	
		not at present	4h	
		<u>eer</u> : Please complete and si		
	entvol11 Site:1)	What <i>Entity</i> is this Volunte	eer associated with:	(Unit) (Chly)
	ranpri11 2)	Was the volunteer aware o	entsi	
		∴ Yes       ∴ No       1       ○ No       ○ No	_	
	volid11 3)	Assign a Volunteer ID (from Volunteer ID:	m the correct unit): Volunteer Acrost	ic:
			lchk11	1st letter of first name plus
		vounit11 volnum11		1st 3 letters of last name
	4)	Remember to put the Volu then mail a copy of pages	-	
	For Site Use Only	.,		Seattle, WA 98105
	For Site Use Only  Did the volunteer sign	code11	For CTC Use Or	
		nature of Coordinator Code Nu	umber O Ye	
	1 0	nrough 3 (store page 4 at site)	POTV	OL version 02.00 12/21/00

#### Complete this page if:

- You are willing to participate
- This should be attached to and completed with the consent form



### Potential Volunteer

For Site Use Only

Volunteer ID:	
Site(2)-Unit(3)-Vol(3)-Chk(1)	

Note: Please complete and sign in ink.

The following information will be used only to contact you regarding PAD Trial issues: Name: **Home Address:** State: City: Phone: (Home) (Work/Other) FAX: email: **Volunteer Signature:** (Signature of volunteer filling out this form) \_ . . \_ . . \_ . . \_ . . \_ . . \_ . . \_ . .  $\sqrt{\phantom{a}}$  Attach the completed consent form.  $\sqrt{\phantom{0}}$  Retain this page at the site. Do not submit this page to the CTC.