



**Second Wind Lung Transplant Association, Inc.
Lung Transplant Center Liaison**

APPLICATION FORM

YES! I would like to help Second Wind by applying for one of the Lung Transplant Center Liaison positions! I have contacted my transplant center and have provided them the Endorsement Form.

My Name is: _____

I am a Lung Transplant: (check one) Recipient ___ Caregiver ___

My e-mail address is: _____

My address is: _____

City: _____ State: ___ Zip Code: _____

My telephone number is: _____

My lung transplant was on: _____

I would like to work with the following transplant center:

I have forwarded the Job Description and Transplant Center Endorsement Form to:

I feel that I will be a good liaison for this center because:

Return this form to: Cheryl Keeler, 2781 Chateau Circle, Columbus, OH 43221