

Iowa SIDS Foundation Services

Below are some of the services that the Foundation offers. Please check the option that you are interested in. We will follow through with your choices annually unless you inform us differently in writing or by email. Please initial on the line by your choice of options.

Newsletter: The newsletter is distributed three times a year. The 'Remembering Our Babies' section includes the anniversary dates for the birth and death of SIDS babies.

I would like my baby's birthday to be remembered in the newsletter.

I would like the anniversary of my baby's death to be remembered in the newsletter.

Baby's Birth Date: _____ Baby's Date of Death: _____

I would like my baby's name to appear as: (please print) _____.

I do not wish for my baby's name to be included in the newsletter.

Memorial: Every 12-18 months, the Foundation will host a Memorial Event for family and friends to remember and celebrate the very special babies that have touched their lives.

I would like my baby to be included in Iowa SIDS Foundation Memorial Events. I would like my baby's name to appear as: (please print) _____.

I do not wish for my baby to be included in Iowa SIDS Foundation Memorial Events.

Walk for the Future: In August of each year, the annual Walk for the Future is held in various sites across the state of Iowa. Shirts with the baby's names are designed annually.

I would like to have my baby's name included on the Walk Shirts. I would like my baby's name to appear as: (please print) _____.

I do not wish for my baby to be included on the Walk Shirts.

Education: Throughout the year, the Foundation provides training events, safe sleep workshops, and participates in baby fairs and other educational events. During these events, we use PowerPoint presentations, posters, and photos.

I give my permission for my baby's first name, picture, birth date and death date to be used for SIDS education.

I do not give permission for my baby's first name, picture, birth date and death date to be used for SIDS education.

Signature

Date

Printed Name

If at ANY time you change your mind regarding your above options, please contact the Iowa SIDS Foundation at info@iowasids.org or 515-965-7655 (toll free 866-480-4741) and we will respect your wishes.

--Please complete the other side and return to the Iowa SIDS Foundation.--

Volunteer Survey

In order to update our records and ensure that we are offering opportunities for everyone that is interested in volunteering or participating in the Iowa SIDS Foundation, the following is intended as a very brief 'time and talent' survey. We welcome any time, talent, suggestions, or comments that you would like to share.

Please check those talents that you or a family member would be willing to share. Additional comments are welcome. Please feel free to share copies with any interested friends or family.

_____ Bi Lingual: Bilingual skills in translating written materials for families and health care facilities.

_____ Board Member: Board Members serve 3 year terms. The board meets 3 times a year and communicates on an as needed basis.

_____ Event Volunteer: Volunteer at SIDS related events in your area (dances, conferences, tractor pulls, concession stands, etc.)

_____ Education Booth Volunteer: Interest in representing the Foundation at events such as baby fairs, hospital events, community events.

_____ Fundraising: Interest and ability to organize fund raising events or to assist in planning and implementation.

_____ Graphic Design: Designing materials for distribution (education, events, web design).

_____ Media Contact: Volunteers to share their experience and the memory of their baby with various news outlets or educational media that may be distributed as an educational tool.

_____ Musical Instruments: Talent to be shared at such events as memorials, conferences, events, etc.
Please note what instrument-_____.

_____ Office Volunteer: Interest in office tasks as stuffing envelopes, preparing for events, etc.

_____ Peer Contact: Would include attending a one-day training in your area and contacting newly bereaved families as needed.

_____ Public Speaking: willingness to present SIDS information to various audience (materials and training would be provided)

_____ SIDS Education: Participation in providing safe sleep education to a variety of audiences.

_____ Singing: at such events as memorials, conferences, events, etc.

_____ Special Skills: Face painting, magician, balloon animals, etc. that could be incorporated into the Walk for the Future or other special events.

_____ Support Group: Interest in leading or co-leading a support group in your area.

_____ Walk Volunteer: Willingness to help plan and implement the annual Walk for the Future.

_____ Writing: Specifically, sharing your journey in the 'My Perspective' section of the newsletter and other written media.

_____ Other: Any other talent that you are willing to share to benefit the families of the Iowa SIDS Foundation.

Do you have any restrictions on time you are willing to volunteer (ex. weekends only, only summer events, # of hours, etc.):

Contact Information: Name: _____ Telephone: _____
Address: _____ County: _____ Zip: _____
E-Mail Address: _____

How do you prefer to be contacted: _____

Thank you!! Please return to 406 SW School Street, Suite 205, Ankeny, IA 50023.

