

# Volunteer Application Form

(please print clearly)



## PERSONAL INFORMATION

**Name:**  Miss  Mrs  Ms  Mr  Dr \_\_\_\_\_  
FIRST LAST

**Address:** \_\_\_\_\_  
APT # STREET

**Daytime tel:** ( ) \_\_\_\_\_

\_\_\_\_\_ **Evening tel:** ( ) \_\_\_\_\_  
CITY PROV POSTAL CODE

**E-mail:** \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (for insurance purposes)  
MM/DD/YYYY

**Emergency Contact:** \_\_\_\_\_ **Tel:** ( ) \_\_\_\_\_

## WORK EXPERIENCE

Are you presently employed?  No  Yes  Student  Retired

If Yes, to employed or student:  Full Time  Part Time

Employer/School Name: \_\_\_\_\_ Current Position: \_\_\_\_\_

## EDUCATION/TRAINING *(please check)*

High School  University/College  Other (please specify): \_\_\_\_\_

Please list any other relevant training, certification, experience, etc.:

Public Speaking  Group Facilitation  Project Management  Trainer  Volunteer Management

Fund Raising  Other (please specify): \_\_\_\_\_

Languages:

English  Written  Spoken  Both

French  Written  Spoken  Both

Other (please specify): \_\_\_\_\_  Written  Spoken  Both

## SKILLS *(please check skills/activities in which you have experience)*

### Communications

Public Speaking  Report Writing  Creative Writing  Media Relations  Advocacy  Research

### Computer Skills

Microsoft Word  Microsoft Excel  Microsoft PowerPoint  Microsoft Access  Data Entry

### Finance and Administration

Clerical Skills  Reception and Phones  Customer Service  Typing & Formatting  Accounting and Financial Skills

### Management

Supervising  Volunteer Management  Project Planning  Analysis and Evaluation

### Operations

Fund Raising  Teaching  Event Planning and Operations  Facilitation

**Other**

(please specify): \_\_\_\_\_

**AVAILABILITY** (please check the days/time you are available to volunteer)

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**VOLUNTEER OPPORTUNITIES** (please check your area(s) of interest)

- Leadership/Committee work  
 Reception  
 Special events  
 Presentations  
 Data entry  
 Displays  
 Clerical  
 Canvasser  
 Advocacy  
 Other (please specify): \_\_\_\_\_

**OTHER INFORMATION**

Are you a member of the Canadian Diabetes Association? (for statistics only)    No    Yes

Why do you want to volunteer with the Canadian Diabetes Association?

- I have diabetes and wish to learn more about my disease  
 Someone close to me has diabetes  
 Volunteering is important to me  
 I want to gain valuable personal/professional skills  
 I want to contribute to my community  
 Other (please specify): \_\_\_\_\_

**Diversity is very important to us. Do you identify as a member of one of these cultural groups:**

- Asian  
 South Asian  
 Black/African/Caribbean  
 Latino/Hispanic  
 Aboriginal/First Nations/Métis  
 Prefer not to say  
 Not Applicable

What is your primary mode of transportation?    Public Transit    Car    Walk    Bike    Other (please specify) \_\_\_\_\_

Have you been convicted of a criminal offence for which a pardon was not granted?:    No    Yes

**REFERENCES**

The Canadian Diabetes Association seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Please provide the names of two references that we may contact (preferably individuals from organizations where you have volunteered or worked)

**1)Name:** \_\_\_\_\_

**Email:** FIRST \_\_\_\_\_ LAST \_\_\_\_\_ **Phone (daytime):** (   ) \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Fax:** (   ) \_\_\_\_\_

**2) Name:** \_\_\_\_\_

**Email:** FIRST \_\_\_\_\_ LAST \_\_\_\_\_ **Phone (daytime):** (   ) \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Fax:** (   ) \_\_\_\_\_

*Please note that some volunteer positions require a police records check*

I hereby declare that the foregoing information is true and complete to my knowledge and I authorize the Canadian Diabetes Association to follow up on any information disclosed and to check references:

No  Yes

Your Privacy is Important to Us. Information you provide will help guide the Association in the development and promotion of new programs and services relevant to Canadians with diabetes and those at risk, as well as the formulation of future fund-raising initiatives to support our mission. We will not use this information for any other purposes without your consent. To review our privacy policy please visit <http://www.diabetes.ca/about-us/policies/privacy/>.

I agree to the terms and conditions of the Canadian Diabetes Association's privacy policy.

No  Yes

**Date:**

MM/DD/YYYY