

Volunteer Application Form



Thank you for your interest in volunteering with Diabetes Canada. Please answer the following questions and return your completed form to volunteer@diabetes.ca. A representative will contact you shortly to explore how we can best work together to have an impact in achieving our mission to EndDiabetes.

CONTACT INFORMATION

Name:

FIRST NAME

LAST NAME

PREFERRED NAME

Phone:

Home

Mobile

Business

Email:

Personal

Business

Address:

Home

Business

APPT # / STREET

CITY TOWN

PROVINCE

POSTAL CODE

Emergency Contact:

NAME

PHONE

RELATIONSHIP TO YOU

ABOUT YOU

Have you volunteered with us in the past?

Yes

No

If yes, please tell us when and how you were involved.

Which of these options best describes your situation?

Employed

Retired

Seeking Employment

Student

Other (please explain):

If applicable, what is your occupation or field of study?

Is there something specific you would like to help us with?

Yes

No

If yes, please tell us how you would like to be involved.

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List any skills, knowledge, experience, or areas of expertise you possess that you are interested in contributing through a volunteer role (eg speaking or writing in another language)

SKILLS SELF ASSESSMENT

Help us better understand how your unique talents can support the work we do by filling out table below. Whether with current or upcoming projects, this information will help us find the right fit for you.

Skill	Experience			Skill Level			
	None	Some	Lots	Weak	Fair	Good	Expert
Microsoft Office Suite tools, etc. (eg Word, Excel, PowerPoint, Office 365, MS Teams, SharePoint or other virtual filesharing platforms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual meeting platforms (eg Zoom, Webex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry (eg Access or other CRM platforms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health-care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting/facilitating meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning committee work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating/sourcing/designing visual content (eg for posters or social media posts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing (eg copy writing, editing, conducting interviews for stories, letters to the editor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Skill	Experience			Skill Level			
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Using social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocating on behalf of yourself or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspiring others to take action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIME COMMITMENT

What type of a commitment suits you best?	
<input type="checkbox"/>	Shorter-term (1 day – 3 months, may be event or project-based)
<input type="checkbox"/>	Longer-term (6 months – 1 year)
<input type="checkbox"/>	Occasional or on-call (project based, as needed)
<input type="checkbox"/>	Any of the above depending on the role or project

INTEREST

What type of work interests you most?	
<input type="checkbox"/>	Administrative duties such as data entry, making phone calls, creating documents
<input type="checkbox"/>	Creative tasks such as writing, designing posters for print or social media posts, editing/proof-reading
<input type="checkbox"/>	Leadership – do you enjoy leading and inspiring others to act or care about a cause?
<input type="checkbox"/>	Online research – do you enjoy delving into online resources to help advance a project?
<input type="checkbox"/>	Fundraising – do you like coordinating your own fundraising events for a great cause or are you someone who enjoys reaching out to your networks and others in support of a cause you are passionate about?
<input type="checkbox"/>	Other:

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CONSENT

<input type="checkbox"/>	I authorize Diabetes Canada to contact me regarding my volunteer application
<input type="checkbox"/>	I would like to receive email communications from Diabetes Canada
<input type="checkbox"/>	I hereby declare that the foregoing information is true and complete to my knowledge and I authorize Diabetes Canada to follow up on any information disclosed and to check references (if required).
<input type="checkbox"/>	I agree to the terms and conditions of Diabetes Canada's privacy policy. To review our privacy policy please visit https://www.diabetes.ca/privacy-policy
<input type="checkbox"/>	Confidentiality I agree to respect and maintain the confidentiality of information gained as a volunteer, including, but not limited to, all computer software and files, Diabetes Canada's business documents/printouts, and all volunteer, employee membership, donor and supporter records. I agree to respect and maintain the confidentiality of individual personal information about persons affected by diabetes gained through your role in Diabetes Canada, for example, in meetings or in-service programs.

Date: _____ Print Name: _____

Signature: _____

Volunteer Liability Release Form

In consideration of Diabetes Canada allowing me to participate in a volunteer capacity, I, _____, agree that I am volunteering at my own request and at my own risk. I acknowledge that I am aware of all the risks inherent in this role and certify that I have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in this role. I also agree that Diabetes Canada shall have the right to publish any photographs, film and/or videos taken during my participation as a volunteer, so long as such photographs, film and/or videos are used in furtherance of the objectives of the Diabetes Canada.

Further, in consideration of being permitted to participate in this volunteer capacity, I, _____, on behalf of myself, my successors in interest, heirs, assigns and representatives, hereby fully release and agree to hold harmless the Diabetes Canada, its affiliates, Officers, Trustees, agents, employees and representatives, successors and assigns, of and from any liability, claims, damages or causes of action for any reason, even as a result of negligence by Diabetes Canada or that of any one acting on Diabetes Canada's behalf including without limiting the generality if the following: death, bodily injury, property damage, or any other loss, or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in this program.

Date: _____ **Print Name:** _____

Signature: _____

Must also be signed by a parent or legal guardian if participant is under the age of majority (18 years old) on the date this release is signed.

Date: _____ **Name of Parent or Guardian:** _____

Signature of Parent or Guardian: _____