

Volunteer Application Form

(please print clearly)



PERSONAL INFORMATION

Name: ☐ Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Dr
FIRST LAST

Address:
APT # STREET CITY PROV POSTAL CODE

Daytime tel:

Evening tel:

Fax:

E-mail:

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