

DIABETES ASSOCIATION OF BARBADOS

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering of your time and/or services to the Diabetes Association of Barbados. Please complete the form; note that the completion of this form does not constitute automatic acceptance. Formal correspondence will be sent to you on the Association's acceptance of your application.

PERSONAL INFORMATION							
NAME							
ADDRESS							
CONTACT NUMBER	Mobile:		Home:		Work:		
EMAIL ADDRESS							
EMERGENCY CONTACT	NAME					CONTACT NUMBER	
CONNECTION TO THE ASSOCIATION		<input type="checkbox"/> Relative		<input type="checkbox"/> Non-relative		<input type="checkbox"/> Not applicable	
VOLUNTEER INTEREST AND EXPERIENCE							
List any previous volunteer experience.							
	Organisation	Volunteer activity					
1.							
2.							
3.							
What skills can you contribute to the Association?							
What is your reason for volunteering?							
AVAILABILITY AND VOLUNTEER ASSIGNMENT PREFERENCES							
What days are you available?	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
What hours are you available?							
<input type="checkbox"/> Office Administration/Data Entry		<input type="checkbox"/> Fundraising					
<input type="checkbox"/> IT Support		<input type="checkbox"/> Patient Support					
<input type="checkbox"/> Running Errands		<input type="checkbox"/> Public Relations and Marketing/Graphic Design					
<input type="checkbox"/> Event Planning and Support		<input type="checkbox"/> Delivering Presentations/Education Sessions					
<input type="checkbox"/> Participating in Community Outreaches		<input type="checkbox"/> Resource Person (flexible/negotiated hours)					
PERSONAL REFERENCES (NAME AND CONTACT NUMBER)							
1.							
2.							
Have you ever been convicted of a crime?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
By signing below, you agree that all of the information provided in this application is true to the best of your knowledge.							
Signature:				Date:			

FOR OFFICIAL USE ONLY

Form received by:

Application approved by:

Signature: