



Volunteer Application Form HRDOC 008

Thank you for offering to volunteer at Diabetes ACT.
We value your interest and commitment. This information will assist us in matching you with a job that suits your interests and skills.

FAMILY NAME																													
FIRST NAME																													
ADDRESS																													
HOME PHONE																													
WORK PHONE																													
MOBILE																													
EMAIL																													
SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male																												
DATE OF BIRTH Required for Insurance purposes																													
LANGUAGES SPOKEN																													
WHAT TIMES ARE YOU AVAILABLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Mon</th> <th style="text-align: left;">Tues</th> <th style="text-align: left;">Wed</th> <th style="text-align: left;">Thurs</th> <th style="text-align: left;">Fri</th> <th style="text-align: left;">Sat</th> <th style="text-align: left;">Sun</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Morning</td> <td><input type="checkbox"/> Morning</td> </tr> <tr> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Afternoon</td> <td><input type="checkbox"/> Afternoon</td> </tr> <tr> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Evening</td> <td><input type="checkbox"/> Evening</td> </tr> </tbody> </table>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
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HOW DID YOU HEAR ABOUT VOLUNTEERING TO WORK AT DIABETES ACT?																													
Diabetes ACT will require a police check for volunteer positions. Do you agree to a police check?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
Please indicate which duties you would like to volunteer for-	<input type="checkbox"/> Any <input type="checkbox"/> Assistance at Events <input type="checkbox"/> Fundraising (eg. Selling raffle tickets) <input type="checkbox"/> Administrative tasks (eg. Mailouts, compiling resource packs)																												
SIGNATURE OF APPLICANT																													
DATE																													