

YES, I'd Like to Volunteer!



*dedicated to finding a cure*

**NORTH FLORIDA CHAPTER**

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Jacksonville, FL 32256

Office (904) 739.2101 Fax (904)739.2693

[www.jdrfnorthflorida.org](http://www.jdrfnorthflorida.org)

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First)

Home Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation & Company: \_\_\_\_\_

How did you hear about JDRF? \_\_\_\_\_

\_\_\_\_\_

Why do you want to become a volunteer with JDRF?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can JDRF meet your expectations as a volunteer?

\_\_\_\_\_

\_\_\_\_\_

Do you have Type 1 Diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, at what age were you diagnosed? \_\_\_\_\_

Do you have a child with Type 1 Diabetes? \_\_\_\_\_

**Please check your areas of interest:**

Administrative (phone calls, faxes, filing, invoices, etc) \_\_\_\_\_

\*\*Database Building (input info into computer databases for events, programs, callers) \_\_\_\_\_

Make calls for sponsorships & in-kind donations \_\_\_\_\_

Work on the GALA planning committee \_\_\_\_\_ (Help plan the biggest party/fundraiser of the year!)

Work on the WALK planning committee \_\_\_\_\_ (Help plan the biggest outreach/fundraiser of the year!)

Work on the FAMILY OUTREACH committee \_\_\_\_\_ (Goal is to plan/hold two family events a year)

Put together special mailings, address and stamp \_\_\_\_\_ (as needed for announcements/events)

Press Releases & Media Publicity \_\_\_\_\_ (Write and send)

Newsletter Writing \_\_\_\_\_ (Knowledge of Journalism/Grammar is a must)

Day of Special Event Volunteer ( balloons, trash, food, set up, other day of activities) \_\_\_\_\_

\*\*Speak to the public about JDRF and Type 1 Diabetes \_\_\_\_\_

**\*\* Special training required**

**Please list the times you will most often be available to volunteer:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>To</b>	<b>To</b>	<b>To</b>	<b>To</b>	<b>To</b>	<b>To</b>	<b>To</b>

**If you have any limitations or special needs, please list them here:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact/ Relation:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**JDRF, North Florida Chapter is pleased that you are interested in becoming a volunteer with us. We thank you for your time and interest. After completing this application, please submit to JDRF and someone will be contacting you in the near future. We depend on our volunteers, because they are the ones that are helping us to get one closer step to funding a cure. We look forward to beginning a rewarding relationship with you, as a new JDRF volunteer.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_