

YES, I'd Like to be a Walk to Cure Diabetes
Volunteer!



dedicated to finding a cure

NORTH FLORIDA CHAPTER

8400 Baymeadows Way, Suite #9

Jacksonville, FL 32256

Office (904) 739.2101 Fax (904) 739.2693

www.jdrf.org/northflorida

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:

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

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| To | To | To | To | To | To | To |
| | | | | | | |

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: _____