



Volunteer Application

Mail Completed Application to:
100 Edgewood Ave., NE Suite 1004 Atlanta, GA 30303
Phone: 404-527-7150 * Fax: 404-527-7149
Email: diabetes@diabetesatlanta.org

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home _____ Work _____

EMAIL: _____ TALENTS _____

EMPLOYER (College/University): _____ POSITION (Class): _____

WORK SCHEDULE: _____ May we call you at work? Yes No

How often would you like to volunteer? _____

Interests & Hobbies _____

Special Skills _____

Languages you speak fluently _____

Professional Licenses (including dates) _____

Other volunteer experience _____

Why do you want to volunteer for DAA? _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone (H) _____ (W) _____

(Complete Reverse Side)

<p>ADMINISTRATION</p> <p><input type="checkbox"/> Adobe software training</p> <p><input type="checkbox"/> Bookkeeping support</p> <p><input type="checkbox"/> Bulk Mailings</p> <p><input type="checkbox"/> Computer Maintenance</p> <p><input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> General Office support</p> <p><input type="checkbox"/> Microsoft Office Training</p> <p><input type="checkbox"/> Receptionist/front desk</p> <p><input type="checkbox"/> Searches on the web</p> <p><input type="checkbox"/> Translator</p> <p><input type="checkbox"/> Troubleshoot computers</p> <p><input type="checkbox"/> Volunteer Coordinator</p> <p><input type="checkbox"/> Website support</p> <p>CLIENT SERVICES</p> <p><input type="checkbox"/> Coordinate Health professional conference</p> <p><input type="checkbox"/> Screenings</p> <p><input type="checkbox"/> Department assistant</p> <p><input type="checkbox"/> Health fair crew</p> <p><input type="checkbox"/> Support Group Facilitator</p>	<p>COMMITTEES</p> <p><input type="checkbox"/> Development</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Planned Giving</p> <p><input type="checkbox"/> Personnel</p> <p><input type="checkbox"/> Programs</p> <p><input type="checkbox"/> Technology</p> <p>PUBLIC RELATIONS</p> <p><input type="checkbox"/> Advocacy program</p> <p><input type="checkbox"/> Create brochures & flyers</p> <p><input type="checkbox"/> Desktop publishing & layout</p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/> Speak at service clubs</p> <p><input type="checkbox"/> Professional photographer</p> <p><input type="checkbox"/> Write/distribute press releases</p> <p><input type="checkbox"/> Solicit articles for publication on website & newsletter</p>	<p>FUNDRAISING</p> <p><input type="checkbox"/> Corporate Partnerships</p> <p><input type="checkbox"/> Write Marketing proposals</p> <p><input type="checkbox"/> Direct Mail</p> <p><input type="checkbox"/> Event Planning</p> <p><input type="checkbox"/> Fundraising dinner</p> <p><input type="checkbox"/> Grant researcher</p> <p><input type="checkbox"/> Major gifts</p> <p><input type="checkbox"/> Membership Coordinator</p> <p><input type="checkbox"/> Process Thank You letters</p> <p><input type="checkbox"/> Research on major donors</p> <p><input type="checkbox"/> Solicit for donations</p> <p><input type="checkbox"/> Write proposals</p>
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TIME AVAILABLE: (Office closed on evenings & weekends)

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)? Yes No
 If "yes", please explain. A "yes" answer to this question is not an automatic bar to acceptance into the Diabetes Association of Atlanta, Inc. _____

I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the Diabetes Association of Atlanta Volunteer program, any false statements may result in my dismissal from the program.

I, the undersigned do hereby agree to allow the individual named herein to participate in the Diabetes Association of Atlanta's Volunteer Program and I further agree to indemnify and hold the Diabetes Association of Atlanta, its employees and contractors, harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this program.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian (if under 18): _____ Date _____

Printed Name of Parent/Legal Guardian _____

Thank you for taking the time to complete this application. We look forward to working with you. Please forward the completed Volunteer Application and resume to: diabetes@diabetestatlanta.org