



Volunteer Application Form

Thanks for your interest in helping DYA. The information you provide here helps us match your skills and background to the areas where we need help. Police checks are required for some volunteer roles, e.g. camps, but we will let you know if/when to complete a Police Vetting form.

Please complete and return to:
Diabetes Youth Auckland, PO Box 13578, Onehunga, Auckland 1643
Email: youth@diabetesauckland.org.nz

Name:		Date Of Birth: / /	
Address:			
Phone:			
Home	Business	Mobile	
Email:		Own Transport? (Please circle) YES NO	
Current occupation and employer/or school/university			
Are you a current member of Diabetes NZ Auckland Branch? YES NO			
Knowledge/Experience of Type 1 Diabetes in children/teens/young adults:			
Why you are interested in volunteering?			
What are you interested in volunteering for? (e.g. camps, support leader/mentor, fundraising, office support, helping at events, special projects, speaker at education events, writing articles, DYA committee)			
Please provide a verbal referee (<i>not a family member</i>):			
Name:		Phone:	
Your availability (days of week/times)			
Do you have diabetes? YES NO If yes, how many years			
Do you have any other medical conditions we should know about?			
<i>In case of medical emergency please contact:</i>			
Name:		Phone:	
Signed:..... Date:.....			

In accordance with the Privacy Act 1993 the information you provide will be used only for the purposes of volunteer registration, the provision of services and communication of information from Diabetes Youth Auckland.