



Diabetes NZ Auckland Branch Volunteer Application Form

Name (Mr/Miss/Ms): _____

First Names

Surname

Address: _____

Phone (Home) : _____

Phone(Mobile): _____

Email: _____

Occupation: _____

Date of birth: _____

Optional: Do you have diabetes? Yes No

If yes, are you on Insulin Medication Diet

Are you a member of Diabetes NZ Auckland Branch? Yes No

Which of the following volunteer duties are you interested in:

- | | | | |
|------------------------|--------------------------|-----------------------------|--------------------------|
| Telephone/Shop Support | <input type="checkbox"/> | Computer Work/Data Entry | <input type="checkbox"/> |
| Administration Support | <input type="checkbox"/> | Diabetes Awareness Events | <input type="checkbox"/> |
| Support Group Leader | <input type="checkbox"/> | Raffle ticket sales/support | <input type="checkbox"/> |
| Fundraising events | <input type="checkbox"/> | Annual Children's Camp | <input type="checkbox"/> |

Other: _____

My Preferred day(s) _____

My Preferred time is Morning Afternoon

Do you have your own transport? Yes No

What are your interests, skills and hobbies? _____

Do you have any other medical conditions we should know about. eg: asthma, epilepsy, heart condition etc? _____

Is there anything else we should know about? i.e. police record _____

Please provide 2 verbal referees (not family members)

Name _____ Phone _____

Name _____ Phone _____

In case of medical emergency (next-of-kin)

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 Auckland