



## BDI Volunteer Application

**Please complete all items on the form!**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work) \_\_\_\_\_  
Relationship \_\_\_\_\_

### Availability

In order to best serve the BDI, it is necessary for volunteers to be available a minimum of five hours a month. Please fill in the hours and days you are available to volunteer.

Sunday:	Morning _____	Afternoon _____	Evening _____
Monday:	Morning _____	Afternoon _____	Evening _____
Tuesday:	Morning _____	Afternoon _____	Evening _____
Wednesday:	Morning _____	Afternoon _____	Evening _____
Thursday:	Morning _____	Afternoon _____	Evening _____
Friday:	Morning _____	Afternoon _____	Evening _____
Saturday:	Morning _____	Afternoon _____	Evening _____

Please add any comments about your schedule or any medical, physical or other limitations that may limit your volunteer work.

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Do you have diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, Type 1 \_\_\_\_\_ or Type 2 \_\_\_\_\_

Why do you want to become a volunteer with the BDI?

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### Interest Areas/Experience

Please indicate the areas where you would like to volunteer. (Please number the activities in order of preference, with #1 being the most preferred.) You will be asked to volunteer for activities based on your interests, availability, and BDI needs.

Office Work:

- Filing
- Making Copies
- Answering Phones
- Making Calls
- Inputting Data

Please include any computer programs you are familiar with:

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Events:

- Planning
- Finding Rooms
- Ordering/Picking up Food
- Setting Up and Cleaning Up Room
- Event Greeter
- Photography/Webphotos
- Designing Flyers
- Creating Graphics

Outreach:

- DiaBuddies
- Manning Booths at Health Fairs

Fundraising/Marketing:

- Compiling Materials Packets
- Delivering Material Packets to Doctor Offices
- Helping with Mailings
- Publicizing Events/Workshops

OTHER: (please specify)

Other special skills or interests you would like to share:

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What type of experience do you have working with people or with the public?

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Have you done volunteer work before? If yes, where?

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Have you ever been terminated or dismissed from a volunteer program? If so, why?

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T-Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

## **VOLUNTEER AGEEMENT**

*In signing the agreement, I understand and agree to follow BDI policies and the following statements:*

1. I authorize the BDI to seek emergency medical treatment for me in case of accident, injury or illness.
2. I agree to abide by BDI policies and procedures presented to me during volunteer training and as updated thereafter.
3. I have read, agree and will abide by the volunteer policies and procedures listed in this agreement.
4. I agree to make a volunteer commitment of at least three (3) months. I also agree to work a minimum of 5 (five) hours per month to stay active in the program.
5. I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Coordinator.
6. If communication problems develop between employees or other volunteers and me, I will report these to the Volunteer Coordinator as soon as possible.
7. Photo authorization: I expressly grant to the BDI, and to its employees, agents, and assigns, the right to reproduce an image of me in connection with the exhibition and publication of media including, but not limited to, live presentations, database records, slide shows, web pages, and print materials.
8. I understand that my volunteer assignment may be terminated at any time at the discretion of the Volunteer Coordinator or my supervisor.
9. I agree to abide by any safety rules given me by BDI or the function for which I am volunteering.
10. I will not possess, use, sell or be under the influence of drugs or alcohol while on BDI property, premises or while volunteering at BDI functions.
11. As a condition of being a volunteer with BDI, I agree to maintain a high degree of ethical standards and be law abiding in all respects. I am offering my time and services to the BDI purely as a volunteer and without any expectation of payment of any kind. I understand I will not be compensated for such services in any way. I hereby waive any claim for wages for the time and services volunteered by me.
12. I am at least 18 (eighteen) years of age.

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

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

**Please mail this form to:**

Behavioral Diabetes Institute  
P.O. Box 501866  
San Diego, CA 92150-1866

Please call 858-336-8693 if you have any questions.

**Thank you for your interest in volunteering to help support BDI's mission of helping people with diabetes lead healthier, happier lives.**

You will be contacted about attending an orientation when your application is received.

The needs of the BDI will be taken into consideration when choosing volunteers and their projects.