



# Diabetes Community Care Team

We're Always on Your Team

## INTERN/VOLUNTEER APPLICATION FORM

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**What is your interest in Diabetes:** \_\_\_\_\_

**I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING TYPES OF ACTIVITIES:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>General office assistance:</b> mailing, filing, data entry, packet assembly, etc.    | <input type="checkbox"/> <b>BETA Mentorship Program</b> |
| <input type="checkbox"/> <b>Communications &amp; PR:</b> Social media, media relations, community outreach, etc. | <input type="checkbox"/> <b>Charitable Pharmacy</b>     |
| <input type="checkbox"/> <b>Development:</b> Grant writing, fundraising, email campaigns, etc.                   | <input type="checkbox"/> <b>Volunteer Pharmacist</b>    |
| <input type="checkbox"/> <b>Special Events:</b> Event planning, health fairs, Open House, etc.                   | <input type="checkbox"/> <b>Other:</b> _____            |

I am knowledgeable in:  Word  Excel  QuickBooks  Other: \_\_\_\_\_

Other background / skills: \_\_\_\_\_

Please specify any physical or medical limitations: \_\_\_\_\_

**AVAILABILITY:**

- I am flexible  Prefer Weekdays  Prefer Evenings  Prefer Weekends
- Specific Days \_\_\_\_\_  Specific Hours \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**  Newspaper  Internet

Referred by staff  Referred by current volunteer  Other \_\_\_\_\_

The DCCT complies with the State of Oregon statute and requires a criminal background check on job applicants and volunteers. The DCCT shall not knowingly employ a person who has been convicted of crimes relating to sexual nature, illegal drug possession, or a Class X felony. Any other conviction(s) shall not automatically disqualify the applicant from consideration, but rather, the conviction(s) will be considered in relationship to the specific job.