



THE
CHARLES H. BEST
DIABETES CENTRE

VOLUNTEER INFORMATION			
Last Name		First Name	Date of Birth (optional)
Street Address		City	Postal Code
Cell Phone #	Home Phone #	Email Address (Required)	
Preferred method of contact	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email
What is your connection to The Charles H. Best Diabetes Centre?			
Volunteer Opportunities			
Areas of Interest (Please check all that apply)			
<input type="checkbox"/> Special Events	Gala, Golf tournament, Walk-a-thon, World Diabetes Day (set-up, clean-up, registration, refreshments, etc.)		
<input type="checkbox"/> Bingo	Weekly bingo (team of 4 volunteers selling cards, distributing prizes)		
<input type="checkbox"/> Fundraising	Community fundraising (community and sporting events, yard sales, bake sales, WDD toonies for T1D, etc.)		
<input type="checkbox"/> Research/Advocacy	Approach prospective businesses for financial support and donated items for raffle or auction. Research sources for funding (foundations, grants, events).		
<input type="checkbox"/> Administrative support	Photocopying, mailings, data entry, preparing school packages, new patient packages and educational materials.		
<input type="checkbox"/> Presentation/Public Speaking	Giving presentations (via information booth) to service clubs, corporations, schools or other groups interested in learning about The Best Centre and/or		
<input type="checkbox"/> Advertising	Contacting local businesses to buy advertising space for waiting room slideshow and/or source 'in kind' advertising space for the centre.		
<input type="checkbox"/> Gardening	Maintaining gardens, landscaping, spring and fall clean-up		
<input type="checkbox"/> Maintenance	Minor repairs and painting		
Availability	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weeknights	<input type="checkbox"/> Weekends
Experience/skills			

Continued on page 2...



THE
CHARLES H. BEST
DIABETES CENTRE

References (please provide at least one)		
Name	Relationship to volunteer	Phone #
Name	Relationship to volunteer	Phone #
Emergency Contact		
Name	Relationship to volunteer	Phone #
Declarations		
<input type="checkbox"/>	Privacy Policy and Volunteer Consent We adhere to PIPEDA, and other related privacy legislation (PHIPA), with respect to the collection, use or disclosure of personal information. We seek to maintain the highest standards of confidentiality to ensure the protection of your personal information. We also adhere to the Canadian Anti-Spam legislation and regulations and will only communicate electronically via unencrypted e-mail with your permission. You can refuse or withdraw your consent to the collection, use or disclosure of such personal information about you at any time. You confirm that you have read and understood our Privacy Policy. By checking this box you consent to our collection, use, and retention of your personal information as described above. You also agree to receiving unencrypted e-mail communications from The Charles H. Best Diabetes Centre regarding the volunteer program, any events and updates.	
<input type="checkbox"/>	Consent To Use Photographs / Digital Images / Videos I understand that photographs and/or digital images and/or video of me (collectively "images"), in whole or in part, may be taken during any event hosted by, or on behalf of, The Charles H. Best Diabetes Centre. I consent to The Charles H. Best Diabetes Centre using such images for marketing purposes including, but not limited to, promotional presentations, marketing campaigns, exhibits, displays, and advertising in print, broadcast, and digital media. I irrevocably waive rights to privacy, as well as rights and compensation for intellectual property, including trademark, copyright, and moral rights, that may be created or to which I may be entitled to in connection with the images, including production, editing, promotion or distribution of the images.	
<input type="checkbox"/>	I release The Charles H. Best Diabetes Centre and all of its affiliates, successors, directors and officers and heirs thereof, and/or the facility at which the participants attends programs or events, from all claims and liabilities whatsoever arising from the participation in or attendance at one or more of The Charles H. Best Diabetes Centre current or future programs or events by the undersigned, the undersigned child(ren) or any associated attendee(s). I agree to receiving unencrypted e-mail communications from The Charles H. Best Diabetes Centre regarding appointments, as well as any events and updates.	
Signature of volunteer (or parent/legal guardian)		Date

The information on this application is collected to determine eligibility for The Charles H. Best Diabetes Centre volunteer opportunities and to safely, effectively, and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy legislation.