



Volunteer Form

Thank you for your interest in becoming a volunteer for the Diabetes Association of Barbados. Please fill out the personal contact information below so that we may contact you.

Name: _____ Address: _____

Telephone (H) _____ (W) _____ (Cell) _____

Fax Number: _____ Email: _____

Days and hours available: _____

Please indicate by ticking in the squares which areas you are interested in helping with:

Office Administration

- Filing
- Photocopying, faxing, preparing mail outs (adhering stamps and labels)
- Computing: I am familiar with the following software programmes
 - Microsoft Word
 - Microsoft Excel
 - Microsoft PowerPoint
 - Microft Access
 - Microsoft Publisher
 - Other _____

Running errands

Events

Fundraising

- Helping with organizing fundraising events
- Assisting at fundraising events

Information & Education

- Preparing presentation materials, Magazine
- Helping at DAB awareness presentations to the community
- Conducting Internet Research

Patient Support

- Help with patient support groups
- Help with delivering and collecting equipment on loan

Public Relations

- Write press release on DAB events and distribute to local media
- Represent the DAB at fundraising events
- Go on Tv/radio to talk about DAB events and programs
- Design promotional material for DAB events

Other (Please circle your profession or write in your specialty)

- Lecturer: Dr., RN, Pharmacist, Dietician, Nutritionist, Other _____
- Counselor Dr., RN, Pharmacist, Dietician, Nutritionist, Other _____
- Research
- Other _____