

First Name	lickname	Middle Initial	Last Name			
Address						
City	State			Zip		
Primary Phone Number						
E-Mail						
What is the best day/time to contact you	?					
What is the best way for us						
to communicate with you?	Email	Phone		Birthday		
School		Grade		County		
Address		City/State		Zip		
Are you involved in any extracurricular ac	tivities?	Yes	_ No			
If yes, please list and describe the activitie	es you are involved	d in:				
AVAILABILITY Mon Tue	Wed T	hu Fri	Sat Sun			
Mornings						
Afternoons						
Evenings						
Emergency Contact Name	Relatio	onship		Phone Number		

When were you diagnosed with T1D?:					
Have you received any awards or recognition for outstanding service or performance?					
Aside from English, are you fluent in any other languages? Yes No If yes, please specify and include your level of competency (fluent, advanced, intermediate, beginner):					
How did you hear about JDRF?					
Have you ever volunteered for any JDRF ev					
Please list any other agencies you are curr					
Please list any additional volunteer experience that you have:					
Do you have previous fundraising experier	nce? If so, please describe:				
Please list three people you know well and	l can attest to your character, skills a	nd dependability.			
1					
23					
Do you have a valid driver's license?		on to get to and from .			
If you do not have a driver's license do you have a reliable form of transportation to get to and from meetings? Yes No Please indicate which of the following activities interest you:					
Teen Task Force Opportunities:	·				
PR/Marketing Mentor (peer support) Event Plannir	ng	Volunteer Coordination		
Event Logistics Teen out	reach Leadership		_ Fundraising		

Acknowledgment and Waiver: I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the volunteer selection process, including on this application and in interviews with JDRF that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application may be verified by JDRF and I hereby give permission for JDRF to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I voluntarily and knowingly waive any and all rights to bring an action or claim under statute or common law based on or arising from JDRF's investigation of such information, including actions or claims against JDRF or against anyone providing information to JDRF (including, but not limited to claims for defamation, invasion of privacy, or similar cause of action). I understand that misrepresentations or omissions may because for my immediate rejection as an applicant for a volunteer position with JDRF or my disqualification from providing any further services as a volunteer.

Applicant's Signature:	Date:
Parent/Guardian's Signature:	Date:

JDRF welcomes volunteers and offers equal opportunity to participate in the Teen Task Force.

Please return completed forms to Lauren Wilcox, Development Coordinator at wilcox@jdrf.org

REQUIRED IF UNDER 18 YEARS OF AGE