
First Name Nickname 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

T-Shirt Size (circle one): S M L XL XXL

School Grade County

Address City/State Zip

Are you involved in any extracurricular activities? _____ Yes _____ No

If yes, please list and describe the activities you are involved in: _____

AVAILABILITY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

Emergency Contact Name Relationship 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 & the Teen Task Force? _____

Have you ever volunteered for any JDRF events before? _____

Please list any additional volunteer experience that you have: _____

Do you have previous fundraising experience? If so, please describe: _____

Will you be available to attend Teen Task Force meetings in person or via phone/skype 4 times per year? Yes _____ No _____

Please list three people you know well and can attest to your character, skills and dependability.

<u>Name/Organization</u>	<u>Relationship to you</u>	<u>Phone</u>	<u>Length of Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you have a valid driver's license? Yes _____ No _____

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 Planning ____ Volunteer Coordination
____ Event Logistics ____ Teen outreach ____ 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: _____

REQUIRED IF UNDER 18 YEARS OF AGE

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

***Please return completed forms to the JDRF Central PA Chapter at centralpa@jdrf.org with the subject line:
Teen Task Force Application.***