



Volunteer Application Form

The Light Diabetes Organisation

Thank you for your interest in volunteering with The Light Diabetes Organisation. Please complete the following application form to help us understand your skills, interests, and availability. We look forward to welcoming you to our team!

Personal Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address:

Street: _____ City: _____

State/Province: _____

ZIP/Postal Code: _____ Country: _____

Contact Information:

Phone Number: _____ Email Address: _____

Preferred Method of Contact:

Phone

Email

Emergency Contact Information:

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: _____

Email Address: _____

Volunteer Interests:

Why do you want to volunteer with The Light Diabetes Organisation?

Which volunteer roles are you interested in? (Check all that apply)

Educational Support

Workshop Facilitator

Content Creator

Tutor/Mentor

Event Planning and Management

Event Coordinator

OnSite Volunteer

Logistics Support

Community Outreach

Screening Volunteer

Outreach Ambassador

Health Fair Volunteer

Administrative Support

Office Assistant

Fundraising Support

Marketing and Communications

Peer Support and Mentorship

Peer Mentor

Support Group Facilitator

Youth Mentor

Do you have any specific skills or experience relevant to your preferred roles?

Are you interested in remote volunteer opportunities?

Yes

No

Availability:

How often are you available to volunteer?

Once a week

Twice a week

Once a month

Occasionally

Other: _____

Please indicate the days and times you are available:

Monday: _____

Saturday: _____

Tuesday: _____

Sunday: _____

Wednesday: _____

Thursday: _____

Friday: _____

References:

Please provide contact information for two references who are not family members.

Reference 1:	Reference 2:
Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

Additional Information:

Do you have any medical conditions or allergies we should be aware of?

Yes No If yes, please explain: _____

Are you currently certified in any of the following? (Check all that apply)

First Aid CPR Other: _____

Have you ever been convicted of a crime?

Yes No If yes, please explain: _____

Agreement and Signature:

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in my dismissal as a volunteer. I agree to abide by the policies and procedures of The Light Diabetes Organisation.

Signature: _____ Date: _____

Thank you for your application! We will review your information and contact you soon to discuss the next steps. If you have any questions, please reach out to us at info@tlido.org or call +234 915 658 5391 or +234 806 374 9174