

Volunteer Application

Thank you for your interest in becoming a volunteer with the Alzheimer Society of Muskoka. This application takes about 5 min. to complete. Asterisk(*) means the question requires an answer.

* 1. What is your first and last name?

* 2. Where are you located?

* 3. What is the best phone number to reach you at during the day?

* 4. What is the best email address to reach you at during the day?

* 5. How did you learn about the Alzheimer Society of Muskoka?

Internet (website, social media, etc.)

Media (TV, radio, newspaper, etc.)

Friend/family/colleague

At an event

Other (please specify)

* 6. Why would you like to volunteer for the Alzheimer Society of Muskoka? (check all that apply)

To apply skills

To develop skills

To gain experience

To meet new people

To support the cause

Other (please specify)

7. Are you fluent in any languages other than English? If so, please advise which languages.

* 8. Please indicate the areas you're interested in getting involved as a volunteer for.

In-Home Recreation Program

Minds-In-Motion Program

Support Group Facilitation

Special Event Coordination

Office Administration

Social Media

Fundraising

Other (please specify)

* 9. Please indicate what days and times you are available to volunteer.

* 10. Please indicate the length of your commitment.

Less than 3 months

3 - 6 months

6 - 12 months

Ongoing

One-time

* 11. Please submit two references, your relationship, and their daytime phone number below. By submitting this application, you give the Alzheimer Society of Muskoka permission to contact your references and consent to your information being collected and stored for the purposes of Volunteer Engagement.