

Alzheimer Society

GREY - BRUCE

VOLUNTEER APPLICATION FORM

PLEASE BE ASSURED THAT THE INFORMATION REQUESTED ON THIS FORM WILL BE TREATED IN A CONFIDENTIAL MANNER. THOSE APPLICANTS WHO ARE ACCEPTED AS VOLUNTEERS WILL BE ASKED TO COMPLETE A VOLUNTEER SERVICE AND CONFIDENTIALITY FORM.

Resume Attached: Yes No

Name: _____
First Last

Address: _____
Number Street PO Box /Apt.

_____ City Postal Code

Telephone: (H) _____ (W) _____ (C) _____

Email: _____

How did you hear about our volunteer program?

Friend Family Website Media Staff Other _____

Have you a previous awareness/experience with people who have Alzheimer Disease or dementia?

Yes No

If yes, and if you wish, please describe: _____

Why are you interested in volunteering with the Alzheimer Society? _____

Have you been involved with other volunteer services in the community? Yes No

If yes, please describe: _____

What previous work/education have you had that you think may support you in a volunteer role?

Languages other than English: _____ Do you have access to a car? Yes No

