

## **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 v	olunteer program?		
🗌 Friend 🔲 Family 🗌 V	Vebsite 🗌 Media 🔲 S	Staff 🔲 Other	
Have you a previous awarene	ess/experience with people	who have Alzheimer Disease or dementia?	
If yes, and if you wish, please	describe:		
Why are you interested in volu	unteering with the Alzheime	er Society?	
Have you been involved with	other volunteer services in	the community? 🗌 Yes 🗌 No	
If yes, please describe:			
What previous work/education	n have you had that you thir	nk may support you in a volunteer role?	
Languages other than English	ו:Do y	rou have access to a car? 🗌 Yes 🗌 No	

## VOLUNTEER OPPORTUNITIES:

Please indicate your area(s) of interest.

Office: Reception Computer work Data entry Sorting, mailings etc.
Education/Community: Speaker Minds in Motion Community programs
Community Connector Health Fairs Alzheimer Awareness Month Youth Crew
Special Events: 🗌 Walk For Alzheimer's 🗌 Golf Tournament
Coffee Break Alzheimer Grey-Bruce Gala
Fund Development/Planned Giving:  Telephone Board/Committee I would like to consider.
AVAILABILITY: How much time are you able to contribute?
once a week once a month occasionally full day half day 1-2 hours <pre></pre>
Mon. Tues. Wed. Thurs. Fri. Weekends (events)
<b>REFERENCES:</b> (Please list names of persons other than family members)
1.
Name: First Last
Telephone: (H) (B)
Relationship:
2.
Name: First Last
Telephone: (H) (B)
Relationship:
3.
Name:
First Last
Telephone: (H) (B)
Relationship:
Signature of Volunteer Date
(Minimum age is 16, if applicant is under 17 years of age, parental signature is required.)
I hereby give permission forto volunteer for the Alzheimer Society Grey-Bruce.
Parent/Guardian: Date A police check (CPIC) may be requested for certain volunteer positions. Thank you for completing this form. We appreciate your interest

A police check (CPIC) may be requested for certain volunteer positions. Thank you for completing this form. We appreciate your interest and support.