

PERSONAL INFORMATION:

Preferred time(s) for volunteering (please check all that apply):

	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING							
AFTERNOON							
EVENING							

What do you hope to gain from volunteering for the Alzheimer Society _____

How much do you know about Alzheimers Disease and other dementias?

Very Little _____ A Moderate Amount _____ I am very familiar with it _____

Please describe any experiences you have had, dealing with people with dementia _____

Do you feel you would benefit from further training about dementia ? Yes ___ No ___

Sometimes people who deal with people with dementia, often hear others say that they should not bother doing things because the person with dementia will not remember anyway. How would you respond to this statement? _____

SKILLS AND INTERESTS:

Educational Background _____

Current Occupation _____

Skills/Training relevant to volunteering with our organization _____

Hobbies and Interests: _____

Previous Volunteer Experience _____

Société Alzheimer Society

KINGSTON, FRONTENAC, LENNOX & ADDINGTON

Is there a particular type of volunteer work you are interested in? (Check all that apply)

- Serving on the Board of Directors
- Golf Tournament -day of volunteer
- Serving on a sub committee of the Board
 - _Education and Family Support
 - _Fundraising
 - _Programming
- Facilitating a Support Group
- Volunteer in programs (art & music therapy, Minds in Motion, drop in activities)
- Education/Public Speaking
- Data Entry/Clerical
- Walk for Alzheimers
 - __committee work/planning
 - __day of volunteer (registration, set up, route marshal etc)
- Coffee Break Campaign (fall)
 - __delivery/pick up of coffee break kits
 - __recruitment of hosts/locations
- Sponsorship – assisting with recruitment of sponsors for events and programs
- Newsletter/annual campaign /stuffing envelopes
- Assisting with promotion /website/social media/newletter preparation

REFERENCES:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

I give my permission to contact the above references in regard to my volunteer application.

Signature of Applicant

Date

SOCIÉTÉ ALZHEIMER SOCIETY OF KINGSTON, FRONTENAC, LENNOX AND ADDINGTON
400 Elliott Avenue, Suite 4, Kingston, Ontario K7K 6M9
TEL: 613-544-3078 OR 1-800-266-7516 FAX: 613-544-6320 EMAIL: ask@alzking.com WEBSITE:
www.alzheimer.ca/kfla

Charitable Registration Number 12940 1683 RR 0001

VOLUNTEER CONTRACT

I agree to serve as a volunteer and commit to the following:

1. To perform my assigned duties so that I meet the service expectation and standards of the Alzheimer Society of KFL&A
2. To refrain from conflicts of interest, or any personal or financial gain.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To indicate respect for all clients, volunteers and staff in both word and deed.
5. To fulfill my responsibilities while always ensuring the safety of clients, volunteers and staff.
6. To act at all times as a member of the team responsible for accomplishing the mission of the Society.
7. To understand and abide by the volunteer policy guidelines.
8. To give a minimum of a 2 week notice before I resign. Two months are required for Volunteer Facilitators
9. To keep confidential all information; verbal, written or computerized; which I may hear directly concerning clients, staff members or volunteers and to avoid seeking any information concerning these.

Signature: _____ Date: _____