



**Volunteer Application**

Alzheimer Society Peel (ASP) is committed to protecting your privacy and your personal information. The information you provide will be used for the purpose of establishing, managing and/or terminating a volunteer relationship between the Society and you. We also may use the information to keep you informed on ASP activities including programs, services, special events, funding needs, opportunities to volunteer or to give. All files are confidential; only authorized persons who need to consult this information in the course of the recruitment and/or volunteer process may gain access to it.

<b>PERSONAL INFORMATION:</b>					
<b>Please Print Clearly</b>					
Last Name:		First Name:			
Full Address:		Main Number:			
		Email:			
		Emergency Contact/#:			
<b>VOLUNTEER OPPORTUNITY YOU ARE SEEKING:</b>					
<input type="checkbox"/> Office Support <input type="checkbox"/> School Program <input type="checkbox"/> Student Placement		<input type="checkbox"/> Day Program / Nora's House <input type="checkbox"/> Special Events <input type="checkbox"/> Other: _____			
Are you seeking volunteer hours as part of community service requirements? i.e. secondary school, college/university, court ordered? Yes / No If yes, please specify:  Please note: While ASP does try to find a position for all suitable candidates, we do not guarantee hours.					
When are you available to volunteer:					
<input type="checkbox"/> Days		<input type="checkbox"/> Evenings		<input type="checkbox"/> Weekends	
Preferred Days and Times?					
<b>EMPLOYMENT AND VOLUNTEER HISTORY:</b>					
<b>Starting with your most recent employer, provide the following details:</b>					
From (MM/YY)	To (MM/YY)	Employer / Address	Position Held / Duties	Supervisor / Phone Number	Reason for leaving
Are you legally able to work/volunteer in Canada? Yes / No					

Have you been convicted of a Criminal offence for which a pardon has not been granted?  
 Yes / No

Volunteer Experience (include organization and position held)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Additional Information you feel we should know: including educational background, current licences, certifications, languages spoken, allergies/medical information, etc.

**REFERENCES**

***Volunteers will be required to attend a "Getting Started" information session and obtain a current Police Record Check following an interview.***

All applicants must provide three references. These individuals must be people who have known you for at least one year. References **CANNOT** be family members.

Name:	How long known:	Relationship:	Contact Information (email preferably)

**READ CAREFULLY: Applicant's certification and agreement**

I hereby certify that the facts in the application for volunteer opportunities and any enclosed documents are true and complete to the best of my knowledge. I understand and erroneous, misrepresented or omission of facts called for herein is just cause for the rejection of my application for volunteer opportunities or just cause for termination of volunteer privileges. I agree that persons authorized by the Alzheimer Society Peel may contact the employers and references in order to obtain information for the purposes of the recruitment process. I agree that relevant contact or medical information will be shared with authorized staff within the Society as it relates to my role. I understand that I must be legally entitled to volunteer in Canada and that I will be required to pass a police check to be eligible as an approved volunteer.

Signature of Applicant:	Date:
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Please drop off at 60 Briarwood Ave, Mississauga or email to [r.adolph@alzheimerpeel.com](mailto:r.adolph@alzheimerpeel.com)