

Name:

Address:	City:	Postal Code:
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Email:	Phone Number:
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Preferred Contact Method:	Birthday (DD/MM/YEAR):
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Occupation:	Today's Date:
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How did you hear about the Alzheimer Society of Windsor & Essex County?

Why do you wish to volunteer for the Alzheimer Society?

Do you have an awareness of the effects of Alzheimer's disease or related dementias? If yes, please describe.	Yes	No
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Have you ever worked with people who have Alzheimer's disease or related dementias? If yes, please describe.	Yes	No
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Have you ever been involved with other volunteer services? If yes, please list the agency, type of work done and when you were involved.	Yes	No
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Is there a specific volunteer position you are interested in? If you are interested in something else, let us know:

What is your educational background? Please describe the program, institution you attended or attending and year completed:

Do you have other education experiences? (Projects, Training, Research)

Please describe your hobbies, special skills and interest. (play musical instrument, sing, enjoy gardening, crafty, artistic)

Are there any other languages other than English that you fluently speak or write?

What time/days are you available?

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Flexible
Mornings								
Afternoon								

How many hours would you like to come in at one time?

REFERENCES

Name

Phone

Email

How do you know this person?

Name

Phone

Email

How do you know this person?

I give permission to the Alzheimer Society of Windsor & Essex County
to contact my references in regard to my volunteer application.

All of the information that I have submitted on this form is true and correct.

I acknowledge that all information submitted on this application will be considered confidential.

Volunteer Signature

Date



Alzheimer Society of Windsor & Essex County, 2135 Richmond Street, Windsor Ontario, ON N8Y 0A1
Phone 519-974-2220 ext 237 for assistance or additional information.

MISSION STATEMENT

To alleviate the personal and social consequences of Alzheimer's disease and other dementials.

Please download and complete the form. Once completed, please send your submission to vsamek@aswecare.com.