



VOLUNTEER APPLICATION

Please Print & Complete ALL Applicable Information

(As needed, attach extra sheets or use back of Application Form)

Personal Information

Last Name: _____ First Name: _____

Date of Birth: _____ Maiden Name: _____

SSN: _____ Driver's License #: _____ ST _____

*Name of Parent or Guardian if under 18 Years:

**If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.*

Mailing Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Email: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: Home Phone: _____ Cell: _____

ALZHEIMER'S ALLIANCE VOLUNTEER OPPORTUNITIES

(Please check all VOLUNTEER OPPORTUNITIES you are interested in)

ADMINISTRATION

_____ Board of Directors

_____ Advisory Committees

OPERATIONS

_____ Office Assistance

_____ Phones

_____ Bulk Mailings

_____ Data Entry

_____ Volunteer Recruitment

_____ Volunteer Coordination

_____ Professional Services: _____

_____ Other: _____

FUNDRAISING

_____ Fund Raising Activities/Planning/Committees

_____ Donor/Sponsor Cultivation

_____ Other: _____

PROGRAMMING

_____ Support Groups

_____ Resource Center

_____ Health Fairs

_____ Speakers Bureau

_____ Education & Awareness (Conferences, workshops, programs, etc.)

_____ Companion in "OUR PLACE" Day Respite Center

Hours and days available for volunteer work _____

Why are you volunteering to assist with the programs and services of Alzheimer's Alliance?

What is your time commitment for volunteering your services?

_____ One Time

_____ Specific Event/Activity

_____ Flexible/As Needed

_____ Regular Assigned Schedule

Training is very important for all volunteers. Please indicate which training venues are appropriate with your interest, time and availability.

_____ Classroom/Large Group Training

_____ On-line Training

_____ Assigned Reading

_____ Small Group

How did you hear about us?

Experience, Education, Skills, Talents & Abilities, Etc.

Previous work or volunteer experience: _____

Highest education level reached _____

Language Spoken *(other than English):* _____

Physical limitations: _____

Other organizations where applicant has volunteered: _____

Description of training or experience that may be pertinent to the volunteer position desired. _____

Professional Skills checklist (list skills needed in organization's volunteer positions such as computer, tutoring, clerical skills, phone calling, teaching, event planning, fundraising, etc.)

Artistic/Hobby Skills checklist (list skills needed in organization's volunteer positions such as music, singing, painting, arts & crafts, woodworking, gardening, baking, fishing, hunting, sports,)

Certifications such as First Aid and CPR with dates of certification and expiration dates. _____

References: One or more personal references with contact information; and one or more professional or work-related references with supervisor's name and contact information

Name: _____

Phone #: _____

Address: _____

City: _____ **ST** _____ **Zip** _____

Name: _____

Phone #: _____

Address: _____

City: _____ **ST** _____ **Zip** _____

Statement of and description of **prior criminal convictions or offenses**:

NON-DISCRIMINATION DISCLOSURE

No person shall, on the basis of race, color, creed, religion, sex, age, handicap, marital status, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, opportunity or activity under the direction of Alzheimer’s Alliance Tri-State. Alzheimer’s Alliance Tri-State is an Equal Opportunity Organization.

AFFIRMATION

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to policy and regulations, Alzheimer’s Alliance review.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature of Applicant

Date