



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 #: _____ STATE _____

Home Address: _____

Mailing Address (if different) _____

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)

PROGRAMMING

_____ Companion in “OUR PLACE” Day Respite Center

***We ask that you commit to at least one day a week-Tuesday, Wednesday, or Friday **9am-3pm**.**

_____ Support Groups

_____ Resource Center

_____ Health Fairs

_____ Speakers Bureau

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

*There will be a mandatory 4 hour caregiver training when available as well as hands-on training in our facility.

Hours and days available for volunteer work _____

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

How did you hear about us?

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

Previous work or volunteer experience: _____

Highest education level reached _____

Languages Spoken *(other than English)*: _____

Physical limitations: _____

Other organizations where applicant has volunteered/volunteers currently: _____

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

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

Reference #1

Name: _____

Phone #: _____

Address: _____

City: _____ ST _____ Zip _____

Reference #2

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 must show proof of Covid vaccination

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