Chapter Use Only	
☐	Interview Date_____
☐	Confidentiality

alzheimer's association

GA CHAPTER (All Regions)
VOLUNTEER APPLICATION

DATE: _____
NAME: _____
PHONE NUMBERS: **(Please circle the number you prefer that we call.)**
HOME ____ - _____ WORK ____ - _____ CELL ____ - _____
E-MAIL ADDRESS:
_____
ADDRESS:
_____
Street City State Zip Code + 4

Has Alzheimer's disease touched your life? If yes, please tell us how:
_____
_____
_____
Have you ever been a full-time caregiver **for a family member**? ☐YES ☐NO
Would you be willing to publicly share your experience? ☐YES ☐MAYBE—with assistance

WORK EXPERIENCE: Briefly share with us a little about your work experience—we're looking for transferable skills that we might put to use (we are always coming up with new fundraising and service opportunities, and would like to have a skills bank from whom to make requests).

WORK JOB TITLE	WORK RESPONSIBILITIES	# YEARS OF EXPERIENCE

If any of the above-listed work is as a professional in a business or agency for whom we might make a referral, please place an asterisk by that "Job Title."

VOLUNTEER EXPERIENCE: Briefly share with us a little about your volunteer experience—often, we don't think of volunteer responsibilities as possible skills development—but you may have experience in an area that perfectly fits a need we now have or to fit an opportunity that has only just begun to take shape.

VOLUNTEER JOB TITLE	VOLUNTEER RESPONSIBILITIES	# YEARS OF EXPERIENCE

Please list below any hobbies or special interests that you have:

_____

Do you belong to any professional, civic, or social organizations, clubs from whom we might also seek volunteers, place information, or provide trainings about Alzheimer's disease? If yes, please list below.

_____

Do you have **computer skills**? ☐ **Word** ☐ **Excel** ☐ **Power Point** ☐ **Publisher** ☐ **Other**
Please check below any of the areas in which you think you might be interested in volunteering:

☐ **Administration and Organization** (filing, assisting/filling in for receptionist/answering telephones, putting packets together, working on mailings, making phone calls

☐ **Advocacy**—becoming a part of our grassroots network to get the word out about public policy and legislative

Items—joining an e-mail, mail, or telephone tree to help spur volunteers, caregivers, and friends to action

☐ **Health Fairs/Information Fairs (booths)**—to serve as the Association's representative to community, business, or public health or information fairs where raising awareness about the disease and the Chapter's services is important—man the booth, hand out materials, answer questions about the disease and the Chapter services

☐ **Special Events/Development Volunteer**—working with the Chapter's many special events such as

- ☐ **Walk to END Alzheimer's**
- ☐ **Golf Tournaments**
- ☐ **Serve on an Event Planning Committee** ☐ **Work Day of Event, Only**
- ☐ **Special Events**

Please indicate below the dates/times you might be available to volunteer:

☐ On weekdays, I can work the following hours: _____ - _____ on

_____
Time(s) Available (Day/Days Available)

- ☐ I can only work evenings after 5:00 p.m. (limited opportunities)
- ☐ I can only work on weekends (limited opportunities—health fairs, Walk to END)
- ☐ Ask me about any time you need me--I'll see what I can arrange
- ☐ I am often available on short notice
- ☐ Is there a specific time frame in which you must complete your volunteer work?
  If yes, how many hours must you complete by what date?

#Hours _____ by ____/____/____

Foreign Language: I can: ☐ Speak; ☐ Write: _____
(Specify Foreign Language)

Reasonable Accommodations/Limitations/Restrictions:
If you need a reasonable accommodation or if you have any lifting (weight limitations) or other types of restrictions/limitations that we need to be aware of in making volunteer assignments, please indicate those limitations here:

_____

As a volunteer with the Alzheimer's Association, Georgia Chapter, you will be signed up to become an Advocate. You will receive email updates as often as twice a month on issues relating to Alzheimer's disease. If you wish to opt-out, please check the following box: **Advocacy Email Opt-Out** ☐ **Initials _____**

CHAPTER USE ONLY:

VOLUNTEER ORIENTATION COMPLETED ON _____/_____/_____
HEALTH FAIR TRAINING COMPLETED ON _____/_____/_____
SPEAKERS BUREAU TRAINING COMPLETED ON _____/_____/_____ and _____/_____/_____

VOLUNTEER MANAGER COMMENTS: _____
_____
_____
_____
_____
_____