

alzheimer's association™

VOLUNTEER APPLICATION

12721 30th Ave NE, Seattle WA 98125 • 800.848.7097 • 206.363.5500 • 206.363.5700 fax • www.alzwa.org

Date _____

Last Name _____ First Name _____ M.I. _____

Birth Date _____ / _____ Spouse/Partner Name _____
Month Day

Address _____ City _____ Zip Code _____

Day Phone (_____) _____ E-mail Address _____

Eve. Phone (_____) _____ Place of Employment _____

Education Level Completed _____ Degrees _____

Occupation _____ Special Skills/Training _____

Hobbies/Interests _____

Groups, Clubs, Organizational Memberships _____

I am/was an Alzheimer's family member yes no

What is your interest in or experience with Alzheimer's disease? _____

How did you hear about the Alzheimer's Association? _____

In making your decision to volunteer, what factors did you consider before contacting the Alzheimer's Association? _____

What do you hope to gain from your volunteer experience? _____

What aspects of a job are important to you? _____

Do you have health limitations about which we should be informed? If yes, please explain. _____

VOLUNTEER INTERESTS

Public Contact

_____ Speakers Bureau _____ Support Group Facilitator _____ Health Fair/Career Fair Representative _____ Annual Memory Walk _____ Volunteer Recruitment/Outreach	_____ Helpline/Family Consultant Development _____ Advocacy and Public Policy _____ Special Events _____ Volunteer Recognition
--	---

Office Support

_____ Mailings _____ Hand-Addressing _____ Telephoning _____ Accounting	_____ Data Entry _____ Receptionist _____ Willing to work from home
--	---

Specialist

_____ Attorney _____ Clergy _____ Health Care Professional (describe) _____ _____ Special Interests/Hobbies (describe) _____ _____ Bilingual (languages spoken) _____ _____ Student Internship _____ Multicultural Outreach	_____ Physician _____ Other (describe) _____
---	---

Hours/Days of Availability (Circle one or more)

_____ Days	M	T	W	Th	F	
_____ Evenings (<u>needs are infrequent</u>)	M	T	W	Th	F	
<input type="checkbox"/> Occasionally	<input type="checkbox"/> One-time projects				<input type="checkbox"/> Call as needed	

How many hours can you devote to a volunteer assignment? _____ Per Week _____ Per Month

Willing to make a commitment of 3 months 6 months 1 year more

The Alzheimer's Association is undergoing an intensive outreach effort to ensure that people of all ethnic and cultural communities in the Western & Central Washington Area are served. We value your contribution and appreciate your assistance by providing this information.

WHAT IS YOUR ETHNIC GROUP(S)?

_____ African American	_____ Asian/Pacific Islander	_____ Latino/Latina
_____ American Indian	___ Chinese	___ Asian Indian
_____ Caucasian/white	___ Filipino(a)	___ Cambodian
___ Russian	___ Hawaiian	___ Guamanian
___ Middle Eastern	___ Korean	___ Japanese
___ Other white (specify)	___ Laotian	___ Vietnamese
	___ Samoan	___ Other Asian
_____ Other (describe) _____		
_____ Decline to state		

WHAT IS YOUR FIRST LANGUAGE? _____

WHAT OTHER LANGUAGE(S) DO YOU SPEAK? _____

Volunteer Name _____

EMERGENCY CONTACT

Person to contact in case of emergency _____ Relationship _____

Day Phone (_____) _____ Evening Phone (_____) _____

Please list three professional and/or personal (not including relatives) references with complete address and phone number below. References remain confidential.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER CONFIDENTIALITY POLICY

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, client, or other person or involves the overall business of the Alzheimer’s Association. I understand that any privileged information I gather at the Alzheimer’s Association in the course of my volunteer work will be treated in the strictest confidence. A good rule of thumb on confidentiality is: Any information you acquire because of your status as a volunteer is not be discussed with anyone outside the Alzheimer’s Association.

VOLUNTEER CONFLICT OF INTEREST POLICY

The Alzheimer’s Association – Western & Central Washington State Chapter believes that people with dementia, their families, and volunteers should be the driving force behind the organization. The Association’s first priority is the well being of persons with dementia and their families.

To assume a volunteer position at the Alzheimer’s Association, an individual must meet the requirements for that specific volunteer position. Because some volunteer positions involve extensive interaction with persons with dementia and their families at times when they are very vulnerable, it is our desire to provide them with objective information and referral.

The Alzheimer’s Association use of volunteers does not in any way endorse the volunteer’s place of employment, personal business or personal interest.

In order to preserve the spirit of this policy, we ask that any volunteer whose place of employment, personal experience or business provides health care, social service, respite or other services to people with dementia or their family members refrain from:

- using his/her involvement as a volunteer when formally or informally marketing their services to potential clients.
- soliciting clients at any support group, through Helpline referrals or at any support or education program sponsored by the Alzheimer's Association.
- distributing marketing materials at any support group or education program including brochures, magnets, pens, etc.
- utilizing names of participants of any event or program sponsored by the Alzheimer's Association, outside of that event or program, for the purpose of marketing themselves or their place of employment.

I have read the above stated Confidentiality Policy and Conflict of Interest Policy and agree to adhere to the policy guidelines required to be an Alzheimer's Association volunteer.

It is incumbent upon the Alzheimer's Association to provide an evaluation of a volunteer's service and assignment of volunteer activities when appropriate.

I also understand that in order to volunteer, I will be expected to participate in an orientation and/or training program.

Signature of Volunteer

Date

Signature of Association Representative

Date

FOR AGENCY USE ONLY
Staff Action

Intake interview completed by _____ Date _____

Copy of application forwarded to _____ Date _____

Volunteer interviewed by _____ Date _____
Staff Name

Job Assignment _____

Reports to _____ Ext. _____
Staff Name

Entered in database Y N Entered by _____ Date _____