alzheimer's association

Central New York Chapter

Volunteer Application

We appreciate your interest in volunteering for the Alzheimer's Association, Central New York Chapter. Your information is kept confidential and is used solely by our Chapter. Please answer all questions as thoroughly as possible so we may review this information in consideration of volunteer services with us. We are an Equal Opportunity Agency.

Mr., Miss, Mrs., Ms. (circle one) Date: ______________________

Name: ______________________

Address: ______________________

City: ______________ State: ______ Zip: ______________

Home Phone: ______________ Alternate Phone (Mobile or Work): ______________

Email address: ______________________

Are you 18 years of age or older? ❑ Yes ❑ No Date of Birth: ______________

Current Employer/School/College: ______________________

Address: ______________________

Position/Grade: ______________________ Retired? ❑ Yes ❑ No

How did you learn of our volunteer opportunities?

❑ Individual - Name: ______________________

❑ VolunteerMatch.com ❑ 1-800-Volunteer ❑ Newspaper ❑ Student

Other (please list): ______________________

What volunteer opportunities are you interested in? Please check all that apply.

❑ Bulk & Special Mailing
❑ General Office Help
❑ Computer Work/Data Entry
❑ Speakers Bureau
❑ Support Group Facilitator
❑ Day Program Assistant (Syracuse only)
❑ Health Fair/Public Awareness
❑ Fundraising/Special Events
❑ Walk Event Assistant
❑ Committee Member
❑ Board of Directors
❑ Advocacy/Public Policy
❑ Kitchen Helper/Cook

Availability

Please indicate days and times when you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date you are available to begin your volunteer service with us: ______________________

Education and Training

High School/GED	
College	
Graduate Degree(s)	
Certifications & Licenses	

Other Volunteer Service

Please list any community or volunteer service experience that you have:

Name of Organization(s)	Capacity Served	Start/End Date

Have you ever been employed by or volunteered with the Alzheimer's Association, Central New York Chapter?

❑ Yes ❑ No

Position(s):_______________________________________Start Date:_________________________

Emergency Contact Information:

Name:____

Phone #: ______________________________ Relationship: _______________________________

References

Name: ____ Relationship: ____________________

Address: ____

Phone #: _____________________________________Years known: _________________________

Name: ____ Relationship: ____________________

Address: ____

Phone #: _____________________________________Years known: _________________________

Signing this application constitutes written authorization for the following:

SECURITY BACKGROUND CHECK: Final applicants may be required to participate in a security background check done by an outside agency.

MOTOR VEHICLE ABSTRACT REPORT: I understand that if my volunteer position requires driving on organization business I must provide my current drivers' license number so that my Motor Vehicle Driving Abstract Record may be obtained.
I understand that in order to become an Alzheimer's Association, Central New York Chapter volunteer I will be required to participate in an orientation program that will prepare me for my assignment.

____ ______________________

Signature **Date**

STATEMENT OF CONFIDENTIALITY

I understand that the information I may see during the course of my work is highly confidential. Any and all discussions and information regarding participants, their background, home life or anything related to Alzheimer's Association, Central New York Chapter business is strictly confidential and not to be discussed with anyone other than the appropriate program/Chapter staff. Furthermore, all information contained in Chapter files/records is confidential. This includes, but is not limited to donor cards, mailing lists, employee records, financial statements and financial sources.

Release of information, other than required by law, may only be done with the permission of the Chief Executive Officer, who is the designee of the Board of Directors.

As a volunteer of the Alzheimer's Association, Central New York Chapter, I will respect the confidentiality of all information gained in the course of my work.

Volunteer Name: (please print) ____

Volunteer Signature:____

Date:____