

**alzheimer's  association**  
**GA CHAPTER**  
**VOLUNTEER APPLICATION**

Chapter Use Only	
<input type="checkbox"/>	Interview Date _____
<input type="checkbox"/>	Confidentiality

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHONE NUMBERS: **(Please circle the number you prefer that we call.)**  
 HOME \_\_\_\_ - \_\_\_\_\_ WORK \_\_\_\_ - \_\_\_\_\_ CELL \_\_\_\_ - \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#	Street	City	State	Zip Code + 4
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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:

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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.

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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

**Graphic Art or Design**—assists with newsletter or other document layout/design

**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

**Helpline Specialist**—to man the Chapter's Helpline, answering calls from family and professional caregivers

about resources and services available to them/empathic listening (at Chapter office)

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

**Walk to END Alzheimer's:**  **Metro Atlanta/Atlantic Station**  **N Fulton/Gwinnett**

**Athens**  **Carrollton**  **Peachtree City**

**Golf Tournaments:**  **Austin (typically June/July)**  **Kaufmann (typically October)**

**Serve on an Event Planning Committee**  **Work Day of Event, Only**

**Special Events:**  **Work Day of Event, Only**

**Speaker's Bureau**—representing the Chapter at various businesses, groups, civic organizations, churches, meetings, and other events—speaking about the disease, its stages, behaviors, resources, and Chapter services (called upon as speaking opportunities arise)

**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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_