



## Recent Employment/Volunteer Experience

**Company/ Organization:** \_\_\_\_\_

**Status:** Employment  *or* Volunteer

List the basic functions of this position:

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

## Special Skills

Summarize any special training, skills, licenses and /or certificates you may have: \_\_\_\_\_

**Computer Skills** (Check all appropriate boxes)

Word Processing \_\_\_\_\_ yrs: \_\_\_\_\_

M.S. Office Programs \_\_\_\_\_ yrs: \_\_\_\_\_

Spreadsheet \_\_\_\_\_ yrs: \_\_\_\_\_

Internet \_\_\_\_\_ yrs: \_\_\_\_\_

## Personal Reference

List name and telephone number of one reference related to you but not living in same household

**Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_ **PH#** ( ) \_\_\_\_\_ - \_\_\_\_\_

## Volunteer's Statement

*I certify that all information I have provided in order to apply for this volunteer position is true, complete and correct. I understand that any information provided by me that is found to be false will be sufficient cause to eliminate me from further consideration for volunteer opportunities.*

*I expressly authorize the Alzheimer's Association, its representatives, employees or agents to contact, obtain and verify all information provided. I hereby waive any and all rights and claims I may have regarding the Alzheimer's Association, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner during the application process including other persons, corporations or organizations for furnishing such information about me.*

*Please note that all volunteers will be required to complete a criminal background form and provide authorization to conduct a background check prior to beginning his or her volunteer assignment per Association policy.*

**I certify that I have read, fully understand and accept all terms of the above Volunteer Statement**

**\*Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* IF UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN must provide written consent below before volunteer assignment is able to begin.**

\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian* **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_