

**VOLUNTEER APPLICATION**

Equal access to programs, services and volunteer opportunities are available to all persons. Please notify us if you are in need of special accommodations.

Name: \_\_\_\_\_

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

County of Residence (24) \_\_\_\_\_

Primary Telephone # ( ) - Other # ( ) -

Best time to contact you: (check one) Morning  Afternoon  Evening

Email address: \_\_\_\_\_

The information below is voluntary and for internal use (Affirmative Action) only and is in no way used for volunteer placement purposes.

**Race (22):**

Arabic/Chaldean (310)  African American/Black (330)  Hispanic (350)   
 Asian (320)  Native American (340)  Caucasian (360)   
 Other (900) \_\_\_\_\_

**Gender (23):**  Female (510)  Male (520) **If under 18, what is your age?** \_\_\_\_\_

**Have you ever known someone with Alzheimer's disease or dementia (150)?**  Yes (1)  No (2)

**Have you ever volunteered at the Alzheimer's Association?**  Yes  No

If yes, please briefly explain \_\_\_\_\_

**Where did you hear about our volunteer program (20)?**

- |   |  |   |
|---|--|---|
| Professional (240) <input type="checkbox"/>           | Friend/Neighbor (620) <input type="checkbox"/> | Phone Book (650) <input type="checkbox"/> |
| Workshop Presentations (482) <input type="checkbox"/> | Newsletter (630) <input type="checkbox"/>      | Physician (660) <input type="checkbox"/>  |
| Support Group (496) <input type="checkbox"/>          | Newspaper (640) <input type="checkbox"/>       | Radio (670) <input type="checkbox"/>      |
| Brochure (610) <input type="checkbox"/>               | Libraries (645) <input type="checkbox"/>       | TV (690) <input type="checkbox"/>         |
| Website (695) <input type="checkbox"/>                | Other (900) <input type="checkbox"/>           |   |

**Number of hours available for volunteering** /per Week  or Month  or Occasional  (not a regular schedule)

**Days Available:** Mon  Tue  Wed  Thu  Fri  / Daytime  Evenings  Weekends Only

**Times Available:** : A.M.  or P.M.  to : A.M.  or P.M.

**Areas of Interest (153):**

|  |  |  |
|--|--|--|
| Administrative/Clerical (4200) <input type="checkbox"/><br>(accounting, human resources, general office) | Respite/Day Program (4400) <input type="checkbox"/><br>(Detroit Area only) | Development (4600) <input type="checkbox"/><br>(special events, fundraising general) |
| Education and Training (4300) <input type="checkbox"/>   | Family Services (4500) <input type="checkbox"/>                            | Public Policy (4700) <input type="checkbox"/>  |

**Specific area(s) of interest:** \_\_\_\_\_

## Recent Employment/Volunteer Experience

### Company/ Organization:

Status: Employment  *or* Volunteer

List the basic functions of this position:

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

## Special Skills

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

### Computer Skills (Check all appropriate boxes)

|  |      |   |      |
|--|------|---|------|
| <input type="checkbox"/> Word Processing | yrs: | <input type="checkbox"/> M.S. Office Programs | yrs: |
| <input type="checkbox"/> Spreadsheet     | yrs: | <input type="checkbox"/> 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_