

4144 N. Central Expressway, Suite 750  
 Dallas, TX 75204  
 Toll Free: 1.800.272.3900  
[www.AlzDallas.org](http://www.AlzDallas.org)

## VOLUNTEER APPLICATION

*Volunteer information is confidential and contains items that only have direct bearing on volunteering for the Alzheimer's Association. If you have any questions regarding this application, please contact Elizabeth Bushman, Manager of Volunteer Services, at 214.540.2431.*

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Maiden Name: \_\_\_\_\_ Other Names Used \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Apt. #)

(City) (State) (Zip Code)  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required for Support Group Facilitators & Helpline Specialists)

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Preferred Mailing Address:  
 Home Address  
 Work Address  
 Support Group Address

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Does your company offer a matching fund or company contribution for your volunteer service: YES NO  
 If yes, who is the contact person? Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member of any church, religious or civic organization (i.e. AARP, Rotary, etc.)? If so, which one?  
 \_\_\_\_\_

If you are a member of a church, please indicate religion: \_\_\_\_\_

Some of our volunteer opportunities require you to make a one-year commitment, are you able to do that? YES NO

In case of emergency please contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_  
(Home) (Work) (Cell)

Emergency Contact Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Please list any physical limitations or conditions we need to be aware of in case of an emergency:  
 \_\_\_\_\_

Are you volunteering to fulfill a school requirement? YES NO  
 If yes, how many hours are you required to complete? \_\_\_\_\_ By When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 What School? \_\_\_\_\_

Please note why you are interested in volunteering for the Alzheimer's Association: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any special skills or talents that you would like to utilize as a volunteer. Example: speaking, computer skills, fundraising, education, handy man, etc.

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

Have you ever been arrested or convicted of any criminal or felony offense? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with an offense outside the state of Texas? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

*The following information is not required, but would help the Alzheimer's Association when applying for certain grants:*

1. Sex:

- Male
- Female

2. Ethnicity:

- Caucasian       African American       Hispanic/Latino
- Asian       Native American       Other \_\_\_\_\_

3. How did you learn about our volunteer program? (Please check all that apply)

- Alzheimer's Association Website     Newspaper       Another Alzheimer's Association Volunteer
- Internet       Radio       School
- Television       Speaker       Volunteer Center of North Texas
- Volunteer Match.Com       Other: \_\_\_\_\_

4. Do you speak a language other than English? \_\_\_\_\_

What language? \_\_\_\_\_

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Alzheimer's Association, Greater Dallas Chapter.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*The Alzheimer's Association, Greater Dallas Chapter does not discriminate in employment practice or volunteer recruitment on the basis of race, color, religion, sex, age, disability or national origin.*

## Volunteer Opportunities

Please put a check mark by the volunteer opportunities that interest you

- Administrative Work** – Help with office activities such as answering the phone, stuffing envelopes, folding letters, etc.
- Community Ambassador** –Reach out to health care providers, civic organizations, community leaders, business and schools to inform the public of available services and opportunities for involvement.
- Health Fairs** – Increase awareness of the Alzheimer’s Association by attending health fairs to staff a booth, provide handout information and interact one on one with members of the community.
- Helpline Specialist** – Provide information and referral to patients, caregivers and professional providers via the phone. Requires interview with Helpline/Resource Coordinator, and you must be available to work a 3 hour shift each week.
- Public Policy** – Be involved with public policy issues by attending legislative hearings and participating in meetings with legislators in your local community as well as in Austin and Washington, D.C.
- Speaker’s Bureau** – The Chapter provides speakers for presentations on various aspects of Alzheimer’s disease. If you have good presentation skills and enjoy speaking to groups, this could be for you!
- Special Events** – (1) Be on a committee for a special event and help the Chapter raise the funds it needs in order to serve the community, or (2) volunteer the day of the event.
- Support Group Facilitator** - Hold meetings to provide emotional support and information sharing for family members and caregivers. A one-year commitment is requested.

Where will you facilitate the support group?

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Meeting Location

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Street Address

City

State

Zip Code

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Meeting Day of the Week

Time

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Special Instructions