

alzheimer's  association
VOLUNTEER APPLICATION

Name _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

E:Mail _____

Birthday Month & Day _____

Check here if you would like to receive our quarterly newsletter.

SKILLS AND INTERESTS

What type of volunteer work interests you most? _____

Is there a specific job? _____

I prefer (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Working alone | <input type="checkbox"/> Conducting research |
| <input type="checkbox"/> Working 1-on-1 with a client | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Working with a group or team | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Assisting a staff person | <input type="checkbox"/> Corporate solicitation |
| <input type="checkbox"/> Assisting with office duties | <input type="checkbox"/> Staffing an information booth |
| <input type="checkbox"/> Conducting a specialized project | <input type="checkbox"/> Participating with workshops |
| <input type="checkbox"/> Public policy advocacy | <input type="checkbox"/> Serving on committees |
| <input type="checkbox"/> Providing support to family members | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Listening/advising/counseling | |

Is there a person or group with whom you are interested in working? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Alzheimer's patients |
| <input type="checkbox"/> Family members | <input type="checkbox"/> Association staff |
| <input type="checkbox"/> Committee members | <input type="checkbox"/> Caregivers |
| <input type="checkbox"/> Youth groups/children | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Public officials/legislators | <input type="checkbox"/> Corporate representatives |

Is there a person or group you would not feel comfortable working with?

If yes, please specify:

Do you have a preference among the Chapter programs? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Support groups | <input type="checkbox"/> Helpline |
| <input type="checkbox"/> Professional education | <input type="checkbox"/> Caregiver education |
| <input type="checkbox"/> Public education | <input type="checkbox"/> Public policy advocacy |
| <input type="checkbox"/> Newsletter/public relations | <input type="checkbox"/> General administration |
| <input type="checkbox"/> Other: _____ | |

AVAILABILITY

When are you available to volunteer? _____ Weekdays _____ Weekends
_____ Mornings _____ Afternoons
_____ Evenings _____ Flexible

Is there a specific time you are unavailable? _____

Do you have a geographic preference for your volunteer work? _____ No _____ Yes
If yes, where? _____

Do you have access to an automobile for volunteer work? _____ No _____ Yes

REFERENCES

Name _____

Address _____

Telephone _____ Fax _____

Name _____

Address _____

Telephone _____ Fax _____

BACKGROUND

List current or past activities relevant to volunteer application:

1. _____
2. _____
3. _____
4. _____
5. _____

VOLUNTEER AGREEMENT

I, _____, agree to volunteer for the Alzheimer's Association Greater Richmond Chapter with no compensation. I also agree to comply with Association policies and honor the confidentiality of information about individuals and families who are served by the Association.

Signature Date

*Please sign and return to:
Alzheimer's Association Greater Richmond Chapter
4600 Cox Road, Suite 130
Glen Allen, VA 23060*