



VOLUNTEER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Phone (Day): _____ Phone (Evenings): _____

E-mail: _____

Birthdate (Month & Day): _____

Check here if you would like to receive our newsletter via e-mail.

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

SKILLS & INTERESTS:

I am interested in (check all that apply):

___ Assisting with office duties

___ Advocacy

___ Serving on committees

___ Training

___ Speakers Bureau

___ Fundraising

___ Provide support to family members

___ Health Fairs

___ Telephone Help Line

___ Support Group Facilitator

AVAILABILITY:

Monday

Tuesday

Wednesday

Thursday

Friday

Weekends

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Mornings						
Afternoons						
Evenings						

For what duration of time can you commit to volunteering?

Day of volunteer

Project Volunteer

3 months

6 months

1 year

2+ years

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 (preferably one personal, one professional):

Name: _____ Phone: _____

Address: _____ E-mail: _____

Name: _____ Phone: _____

Address: _____ E-mail: _____

BACKGROUND:

List current or past activities relevant to volunteer application -

_____.

Why do you want to volunteer with us (relevant exposure to Alzheimer's disease and related dementia diseases)?

_____.

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

Fax: 804-967-2588

E-mail: merle.kahn@alz.org