

Volunteer Application

Name _____ Email _____

Home Address _____ Preferred location
for contacting

City _____ State _____ Zip _____ Phone _____

Employer _____ Title _____

Employer Address _____ Preferred location
for contacting

City _____ State _____ Zip _____ Phone _____

Birthday _____ How long have you volunteered with us? _____

Are/were you a friend/family member of a person with Alzheimer's disease? Yes No

Where did you learn about volunteer opportunities with the Alzheimer's Association?

Current/previous community commitments/activities:

Hobbies/talents/special skills:

What are the best days and times to reach you?

What are the best days and times for you to volunteer?

Additional comments:

In case of any emergency notify:

Person _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

Volunteer Applicant's Signature

Date

Send Completed Form to the Regional Office for which you are interested in working:

Louisville:

Alzheimer's Association
Kaden Tower Ste 401
6100 Dutchmans Lane
Louisville, KY 40205

Lexington:

Alzheimer's Association
465 East High St, Ste 100
Lexington, KY 40507-1939

Evansville:

Alzheimer's Association
4770 Covert Ave, Ste 211
Evansville, IN 47714

If you have questions, contact us at 800-272-3900.

For office use only:	<input type="checkbox"/> Best Friends Center	Staff _____
Date of TB test _____	<input type="checkbox"/> Office	
<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Other _____	