

alzheimer's association™

the compassion to care, the leadership to conquer

VOLUNTEER PROFILE

Date _____

(PLEASE PRINT)

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Fax _____

Current Employer _____

Position _____

Business Address _____

Business Experience _____

What prompts your interest in the Alzheimer's Association? Please check all that apply.

_____ Family member _____ professional _____ caregiver _____ concerned friend

How did you hear about the Maine Alzheimer's Association? _____

Why do you want to volunteer for the Alzheimer's Association? _____

What volunteer opportunities are you interested in? Please check one or more.

<input type="checkbox"/> Helpline	<input type="checkbox"/> Health Fairs	<input type="checkbox"/> Program Assistant
<input type="checkbox"/> Answer Phones	<input type="checkbox"/> Date Entry	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Special Events
<input type="checkbox"/> Public Policy/Advocacy	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Speaker's Bureau
<input type="checkbox"/> Other _____		

What days and times are best for you to volunteer? Check where appropriate.

Monday Tuesday Wednesday Thursday Friday

Mornings _____ Afternoons _____

Education/Degree(s) _____
Special Skills/Talents/Hobbies/Interests _____

Civic/Community Agency Volunteer Service (other than the Alzheimer's Association):

Name of Organization	Capacity Served	Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: Please provide us with three personal or professional references.

<u>Name</u>	<u>Relationship</u>	<u>Phone number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Information:

Friend or Relative to contact _____
Phone Number _____

Do you know someone else who might be interested in becoming a volunteer?

Name _____
Address _____
City _____ Zip _____
Home Phone _____ Work Phone _____

I understand that in order to become an Alzheimer's Association volunteer I will be required to participate in an orientation program that will prepare me for my assignment.

(signature) (date)

Office Processing

Date Received _____ Date Interviewed _____
Assignment _____ Orientation/Training Date _____