

Volunteer Application

SECTION 1 a

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Fax (_____) _____ - _____ Home Phone(_____) _____ - _____

Cell Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Email Address _____ What is the best way to reach you: _____

Date of Birth (mm/dd) ____/____ Are you 18 years of age or older? _____

SECTION 1 b

If you are not 18 years of age or older, you must have a parent or legal guardian complete the following information:

Name _____

Are you the parent or legal guardian? _____

Does the applicant have your permission to volunteer? _____

Address _____

City _____ State _____ Zip _____

Fax (_____) _____ - _____ Home Phone(_____) _____ - _____

Cell Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Email Address _____ What is the best way to reach you: _____

Parent or Legal Guardian Signature (required) _____

SECTION 2

| | |
|--|---------------------------------------|
| Applicant's Emergency Contact (Must be completed prior to volunteer service.) | |
| Name _____ | Relationship to Applicant _____ |
| Phone (_____) _____ - _____ | Alternate Phone (_____) _____ - _____ |

SECTION 3

Tell us why you are volunteering. Mark all that apply:

- Family member; my _____ has / had Alzheimer's disease or related dementia
- Friend of a person with Alzheimer's disease or related dementia
- Community supporter
- Student interested in learning more through volunteer service
- Healthcare professional
- Other _____
- I am seeking fulfillment of community service hours/practicum for school [] Yes [] No
School _____ Degree/Program _____
Hours needed _____

SECTION 4

List and describe previous school, work, life and volunteer experiences that may benefit the Alzheimer's Association. If applicable, please provide a current résumé.

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

SECTION 5

Please indicate your timeframe commitment, days and times of availability.

Start Date _____ If applicable, End Date _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Other - Do you prefer a set schedule or are you flexible week-to-week? _____

SECTION 6

Please provide at least two references from those who are not related to you (i.e. employment, other volunteer work, faith community, etc.).

Reference 1

Name _____ How do you know this person? _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Email Address _____

Reference 2

Name _____ How do you know this person? _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Email Address _____

Reference 3

Name _____ How do you know this person? _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Email Address _____

SECTION 7

I, _____ (print applicant name), have provided the above information honestly and to best of my knowledge and understand that false or misleading information may hinder my opportunity to volunteer at the Alzheimer's Association.

Applicant's Signature _____ **Today's Date** _____

SECTION 8

Statement of Confidentiality

Confidential information is personal information that has been shared with the association for the purpose of service delivery, as well as personal/ financial information regarding donor contributions. It is the individual's right that such information will be safeguarded by the Alzheimer's Association® staff and volunteers.

The Association shall maintain confidentiality as follows:

1. All written and electronic records that identify individual service recipients and donors are confidential and may be used by designated staff and volunteers for the services, program monitoring and/or development purposes only.
2. Records that identify individual recipients and donors shall not be made available to any other individual, agency, or organization without either written permission from the recipient, donor or a legal representative of the individual or judicial process.
3. Computer access to confidential records will be safeguarded through restricted file access limited to designated staff and volunteers.
4. Upon termination of my service/employment, I will deliver to the Association, and not keep or deliver to any other person or entity, any and all items and copies of items containing confidential information.

I have read and agree to comply with the Alzheimer's Association policy regarding confidentiality.

Name (*Please Print*)

Volunteer Position/Role

Signature Date

Completed Volunteer Application may be:

MAILED

Alzheimer's Association National Capital Area Chapter
3701 Pender Drive, Suite 400, Fairfax, VA 22030
Attention: Volunteer Manager

or

FAXED

703.359.4441
Attention:
Volunteer Manager

For questions, contact Barbara McCurry at 703.359.4440 or Barbara.McCurry@alz.org.

Volunteer Opportunities

Volunteers have a significant role in the Alzheimer's Association® - helping us advance our mission of supporting people with Alzheimer's disease and related memory disorders, their families and those professionals who care for them. We are the primary support network and information resource for families and caregivers in Northern Virginia, suburban and Southern Maryland and the District of Columbia - and dedicated volunteers like you make this possible!

Below is a general list of volunteer areas. You may work alongside staff members, other volunteers, committee members and/or community partners. Appropriate training, materials and/or resources will be provided for the respective volunteer area.

Community Resource Specialist Phone calls; Internet searches; update Resource Manual and database. Ideal for individuals.

Special Events Assistant Phone calls; contact sponsors; organize guest lists; donation pick-up/delivery; logistics; promoting events; assist with planning. Ideal for individuals or small groups.

“Day-Of” Special Event Support Event set-up/tear down; logistics; assist during event where needed. Ideal for individuals, small and large groups on an as-needed basis.

Delivering Items Donation pick up and delivery; assist with event supplies or other related tasks as-needed. Ideal for individuals.

Health Fair Representative Attends fairs; manages and hands out materials at designated table; set-up/tear down; raise community awareness and answer questions. Ideal for individuals or small groups.

Helpline Specialist Answer Helpline calls; assist callers with questions, listening and addressing concerns about Alzheimer's disease, community resources and Chapter services. Ideal for individuals.

Support Group Facilitator Facilitate support group meetings; meet once or twice monthly; maintain communication with program department regarding group needs. Location is within the Chapter's region and is to be determined. Criminal background checks are conducted on all support group facilitators.

Office Support Specialist General office tasks (filing, copying, typing, answering phones, follow-up calls, stocking supplies, recycling, assembling packets and mailings, shredding, using the Internet or others resources provided. Ideal for individuals.

Speaker's Bureau Represent the Association at speaking engagements and present information on a variety of Alzheimer's disease related topics to small or large audiences. Must be knowledgeable of current research and other Alzheimer's topics. Résumé required. Ideal for individuals.

Chapter Ambassador Represent Association at small or large public events. Résumé required. Ideal for individuals.

We sincerely appreciate the time our volunteers set aside to help. The Chapter greatly values our talented team of volunteers. We make every effort to match volunteers to the Chapter's needs. Please note that there may be times when all volunteers may be contacted and there may be times when only a few are needed. We appreciate your willingness to help; flexibility to be contacted; and patience to adjust to the Chapter's needs.

Alzheimer's Association® National Capital Area Chapter
3701 Pender Drive, Suite 400, Fairfax, VA 22030
(p) 703.359.4440 (24/7 Helpline) 800.272.3900 (f) 703.359.4441 www.alz.org/nca