

# alzheimer's association™

## VOLUNTEER APPLICATION

Status: \_\_\_\_\_

Assignment: \_\_\_\_\_

Staff Assignment: \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Eve. Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Education Level Completed \_\_\_\_\_ Degrees \_\_\_\_\_

Occupation \_\_\_\_\_ Special Skills/Training \_\_\_\_\_

Does your employer provide matching gifts  yes  no

Does your employer encourage you to volunteer  yes  no

Does your employer reimburse you for your time volunteering  yes  no

Hobbies/Interests \_\_\_\_\_

Groups, Clubs, Organizational Memberships \_\_\_\_\_

I am/was an Alzheimer's family member  yes  no

What is your interest in or experience with Alzheimer's Disease? \_\_\_\_\_

How did you hear about the Alzheimer's Association? \_\_\_\_\_

in making your decision to volunteer, what factors did you consider before contacting the Alzheimer's Association? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_

What aspects of a job are important to you? \_\_\_\_\_  
\_\_\_\_\_

Do you have health limitations about which we should be informed? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Some of our volunteer opportunities require some travel throughout the Bay Area, will this be ok: yes  no

**VOLUNTEER INTERESTS**

Public Contact

_____	Speakers Bureau	_____	Helpline/Family Consultant
_____	Support Group Facilitator	_____	Development
_____	Health Fair/Career Fair Representative	_____	Advocacy and Public
_____	Annual Walk to End Alzheimer's	_____	Special Events
_____	Volunteer Recruitment/Outreach	_____	Volunteer Recognition
_____	Memories in the Making Artist Facilitator	_____	Corporate Outreach
_____	Community Ambassador		

Office Support

_____	Mailings	_____	Data Entry
_____	Hand-Addressing	_____	Receptionist
_____	Telephoning	_____	Willing to work from home
_____	Accounting		

Specialist

_____	Attorney	_____	Physician
_____	Clergy	_____	Other (describe) _____
_____	Health Care Professional (describe) _____		
_____	Special Interests/Hobbies (describe) _____		
_____	Bilingual (languages spoken) _____		
_____	Student Internship		
_____	Multicultural Outreach		

HOURS/DAYS OF AVAILABILITY (Circle one or more)

_____ Days	M	T	W	Th	F	
_____ Evenings ( <u>needs are infrequent</u> )		M	T	W	Th	F
<input type="checkbox"/> Occasionally	<input type="checkbox"/> One-time projects				<input type="checkbox"/> Call as needed	

How many hours can you devote to a volunteer assignment? \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month

Willing to make a commitment of  3 months  6 months  1 year  more

*The Alzheimer's Association is undergoing an intensive outreach effort to ensure that people of all ethnic and cultural communities in the Greater SF Bay Area are served. We value your contribution and appreciate your assistance by providing this information.*

**WHAT IS YOUR ETHNIC GROUP(S)?**

_____ African American	_____ Asian/Pacific Islander		
___ Latino/Latina			
_____ American Indian	___ Chinese	_____ Asian Indian	_____ Central American
_____ Caucasian/white	___ Filipino(a)	_____ Cambodian	_____ Cuban
___ Russian	___ Hawaiian	___ Guamanian	_____ Mex.
Amer/Chicano			
___ Middle Eastern	___ Korean	___ Japanese	___ Puerto Rican
___ Other white (specify)	___ Laotian	___ Vietnamese	___ South American
	___ Samoan	___ Other Asian	___ Other
Latino(a)			
_____ <b>Other (describe)</b> _____			
_____ Decline to state			

WHAT IS YOUR FIRST LANGUAGE? \_\_\_\_\_

WHAT OTHER LANGUAGE(S) DO YOU SPEAK? \_\_\_\_\_

Volunteer Name \_\_\_\_\_

EMERGENCY CONTACT

Person to contact in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Please list three professional and/or personal (not including relatives) references with complete address and phone number below. References remain confidential.

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

VOLUNTEER CONFIDENTIALITY POLICY

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, client, or other person or involves the overall business of the Alzheimer’s Association. I understand that any privileged information I gather at the Alzheimer’s Association in the course of my volunteer work will be treated in the strictest confidence.

VOLUNTEER CONFLICT OF INTEREST POLICY

The Alzheimer’s Association - Northern California believes that people with dementia, their families, and volunteers should be the driving force behind the organization. The Association’s first priority is the well being of persons with dementia and their families.

To assume a volunteer position at the Alzheimer’s Association, an individual must meet the requirements for that specific volunteer position. Because some volunteer positions involve extensive interaction with persons with dementia and their families at times when they are very vulnerable, it is our desire to provide them with objective information and referral.

The Alzheimer's Association use of volunteers does not in any way endorse the volunteer's place of employment, personal business or personal interest.

In order to preserve the spirit of this policy, we ask that any volunteer whose place of employment, personal experience or business provides health care, social service, respite or other services to people with dementia or their family members refrain from:

- using his/her involvement as a volunteer when formally or informally marketing their services to potential clients.
- soliciting clients at any support group, through Helpline referrals or at any support or education program sponsored by the Alzheimer's Association.
- distributing marketing materials at any support group or education program including brochures, magnets, pens, etc.
- utilizing names of participants of any event or program sponsored by the Alzheimer's Association, outside of that event or program, for the purpose of marketing themselves or their place of employment.

I have read the above stated Confidentiality Policy and Conflict of Interest Policy and agree to adhere to the policy guidelines required to be an Alzheimer's Association volunteer.

It is incumbent upon the Alzheimer's Association to provide an evaluation of a volunteer's service and assignment of volunteer activities when appropriate.

I also understand that in order to volunteer, I may be expected to participate in an orientation and/or training program.

_____	_____
Signature of Volunteer	Date
_____	_____
Signature of Association Representative	Date

**FOR AGENCY USE ONLY**  
**Staff Action**

Intake interview completed by \_\_\_\_\_ Date \_\_\_\_\_

Copy of application forwarded to \_\_\_\_\_ Date \_\_\_\_\_

Volunteer interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Staff Name

Job Assignment \_\_\_\_\_

Reports to \_\_\_\_\_ Ext. \_\_\_\_\_  
Staff Name

Entered in database Y N Entered by \_\_\_\_\_ Date \_\_\_\_\_

