

# alzheimer's association™

## VOLUNTEER PROFILE

Name: \_\_\_\_\_ Birthday (Month & Day Only) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E mail \_\_\_\_\_

Ethnicity \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Employer \_\_\_\_\_

**Time available to volunteer** (Please circle the day(s) you are able to volunteer)

Daytime M Tu W Th F Sat Sun Hours Available \_\_\_\_\_

Evening M Tu W Th F Sat Sun Hours Available \_\_\_\_\_

Exceptions (i.e., standing appointments, out of town trips each summer)

\_\_\_\_\_

Do you have previous volunteer experience? \_\_\_\_\_

Education Background \_\_\_\_\_

Hobbies, Special Skills, Interests \_\_\_\_\_

Are you or have you ever been a caregiver for a person with Alzheimer's disease? \_\_\_\_\_

If yes, explain (such as relationship, length of time, etc.)

\_\_\_\_\_

Are you reasonably knowledgeable about Alzheimer's disease? \_\_\_\_\_

If yes, does this knowledge come from personal experience, from study, or as an observer?  
Please explain.

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please FAX or mail to:  
**Alzheimer's Association of North Central Texas**  
**2630 West Freeway, Suite 100, Fort Worth, TX 76102**  
**817-336-4949, FAX 817-336-4966**

Office Use Only

Date Received \_\_\_\_\_

Inputted by \_\_\_\_\_