

Oregon Chapter Volunteer Application

(Please Print)

| | |
|---|--------------------------|
| Name _____ | Date: _____ |
| Address _____ | |
| City _____ | State _____ Zip _____ |
| Home Phone _____ | E-Mail _____ |
| Work Phone _____ | Work Hrs _____ Fax _____ |
| Current Employer _____ | Position _____ |
| Date of Birth (just month and day if over 18) _____ | |

How did you hear about our Volunteer Program? _____

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

How long can you commit to volunteering?

- Less than 1 month
 1-3 months
 3-6 months
 6-9 months
 9-12 months
 1 yr
 over 1 yr

How often can you commit to volunteering – specify days and hours available. Please check all that apply.

- Weekly _____
 Monthly _____
 Other _____
 Special Projects _____

How would you like to volunteer? Please check all that apply. See enclosed description of Volunteer Opportunities.

| | |
|---|---|
| <p>EDUCATION/FAMILY SERVICES</p> <p> <input type="checkbox"/> Health Fairs <input type="checkbox"/> Safe Return <input type="checkbox"/> HelpLine <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Librarian <input type="checkbox"/> Support Group Leader </p> | <p>FUNDRAISING</p> <p> <input type="checkbox"/> Auction <input type="checkbox"/> Chocolate Sunday <input type="checkbox"/> Memory Walk </p> |
| <p>PUBLIC AWARENESS</p> <p> <input type="checkbox"/> Advocacy <input type="checkbox"/> Media <input type="checkbox"/> Newsletter </p> | <p>OFFICE/ADMINISTRATIVE</p> <p> <input type="checkbox"/> Clerical <input type="checkbox"/> Computer/Data Entry/Word Processing <input type="checkbox"/> Mailings </p> |
| <p>OTHER</p> <p><input type="checkbox"/> Serve on Committee – specify: _____</p> | |

VOLUNTEER WORK HISTORY – Attach additional page if necessary.

Organization Name & Address _____

Contact Name & Phone # _____

Duties _____

Dates of Volunteering _____

Organization Name & Address _____

Contact Name & Phone # _____

Duties _____

Dates of Volunteering _____

PAID WORK HISTORY – List your most recent job first. Attach resume if you prefer.

Organization Name & Address _____

Supervisor Name & Phone # _____

Position _____ Duties _____

Date of Hire _____ Date of Leaving _____

Organization Name & Address _____

Supervisor Name & Phone # _____

Position _____ Duties _____

Date of Hire _____ Date of Leaving _____

| EDUCATION | | | | |
|-----------------------|----------------------------|----------------------|------------------------------------|---------------|
| Type of School | Name and City/State | Major Subject | Circle Highest Yr Completed | Degree |
| High School | | | 1 2 3 4 | |
| College | | | 1 2 3 4 | |
| Graduate School | | | 1 2 3 4 | |
| Trade/Other | | | 1 2 3 4 | |

PERSONAL REFERENCE

Please list someone not related to you and who is not a past supervisor.

Name _____ Phone Number _____

Address _____

Relationship _____

Do you have any physical, mental or medical conditions that would limit your volunteer performance? This information is strictly confidential and is only for the purpose of matching volunteers with appropriate jobs.

No Yes – please explain _____

Please list special skills (access, excel, word, web page, graphic design, foreign language, etc.)

Please list community affiliations (schools, churches, civic/business/professional organizations)

Please describe hobbies and interests and anything else you would like us to know.

Have you ever been convicted of a crime? No Yes – please explain _____

Have you volunteered for us before? No Yes – please list duties _____

Contact in Case of Emergency _____ Relationship _____

Day Phone Number _____ Evening Phone Number _____

The above information is accurate and correct to the best of my knowledge. I have read and agree with the attached Volunteer Conflict of Interest/Confidentiality Policy.

Signature: _____ ***Date:*** _____

Your signature indicates approval for us to check information/references contained in this application. Opportunities for volunteers are provided without regard to race, color, religion, national origin, age, sex, sexual orientation, marital or veteran status, or the presence of a non-job related medical condition or handicap. Please mail your completed form to the closest office - see below.

Thank you for your interest in the Alzheimer’s Association.

We will keep your application on file and will contact you when a volunteer opportunity is available.

Please call us if your interests or address change or if you would like more information about our Chapter.

Alzheimer’s Association – Oregon Chapter
1650 NW Naito Parkway – Suite 190 • Portland, OR 97209
(800) 272-3900