

Support Group Facilitator Volunteer Application

(Please Print)

Name:_____	Date:_____	
Address:_____		
City:_____	State:_____	Zip:_____
Phone:_____	E-Mail:_____	
Alternate Phone:_____	Fax:_____	
Date of Birth (month only):_____		

How did you hear about our volunteer support group facilitator program? _____

What leads you to want to volunteer as a support group facilitator for the Alzheimer's Association? _____

Do you have experience facilitating a support group? _____ If yes, please explain. _____

What is your knowledge about Alzheimer's disease? _____

Do you have experience working with individuals with Alzheimer's disease? _____ If yes, please explain. _____

What are some of the needs and concerns of family caregivers? _____

What type of Alzheimer's support group are you interested in facilitating?
 Caregiver Persons with Alzheimer's disease Bereavement other _____

How long can you commit to volunteering? 6-9 months 9-12 months 1 yr over 1 yr
Oregon Chapter

Current Employment

Organization Name &

Address _____

Position: _____

Duties: _____

Date of Hire: _____ Hours per week: _____

Will you be paid, by your employer, to facilitate this support group? Yes No

Supervisor Name & Phone

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.

Name: _____ Phone Number: _____

Relationship: _____ Years acquainted: _____ Can we call this person? Yes or No

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

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

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:* _____

Opportunities for support group facilitators 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 Portland office (see address below) attention Theresa Bennett.

Thank you for your interest in volunteering for the Alzheimer's Association.