

**Greater Pennsylvania Chapter
Application**

Volunteer

Please complete all pages of the application and fax to Erica Hood at 717-651-5066

Last Name	First Name	Middle
Home Address Code	City	State Zip
Business Name & Address Code	City	State Zip
Occupation		
Preferred mailing address for correspondence: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Phone: Home:	Work:	Cell:
Best time to call	OK to call work?	Yes No
E-mail Address:		
I am/was an Alzheimer's Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I am Interested in volunteering for the following Regional Office:		
<input type="checkbox"/> Northeast (Wilkes-Barre)	<input type="checkbox"/> Northwest (Erie)	
<input type="checkbox"/> South Central (Harrisburg)	<input type="checkbox"/> Southwest (Pittsburgh)	
Skills and/or special interests:		
Administration:		
<input type="checkbox"/> General clerical support (mailings, labeling, filing, etc.)	<input type="checkbox"/> Receptionist (substitute)	
<input type="checkbox"/> Computer work (data entry, word processing)	<input type="checkbox"/> Telephoning	
Fundraising & Public Relations		
<input type="checkbox"/> Special Event Planning	<input type="checkbox"/> Day -Of-Event volunteer	
<input type="checkbox"/> Newsletter Contributor	<input type="checkbox"/> Web site management	
<input type="checkbox"/> Layout & design (flyers, invitations, etc.)	<input type="checkbox"/> Publicity/Media	
Programs & Services		
<input type="checkbox"/> Helpline volunteer	<input type="checkbox"/> Speaker's bureau	
<input type="checkbox"/> Support Group Leader	<input type="checkbox"/> Support Group Co-leader	
<input type="checkbox"/> Health Fair Repr. (day of event)	<input type="checkbox"/> Educational Program Asst.	
Public Policy		
<input type="checkbox"/> Advocate	<input type="checkbox"/> Advocate Trainer	
Other:		

If you have a disability, what accommodations would you need to do this volunteer position? _____

Availability	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

REFERENCES

1. Name _____

Address _____

Phone () _____ Relationship _____

2. . Name _____

Address _____

Phone () _____ Relationship _____

Answering yes to any of the questions below will not necessarily disqualify you as an applicant.		
Are you licensed to operate a motor vehicle in Pennsylvania	Yes	No
Have you ever been convicted of a felony?	Yes	No If yes, please explain:
Have you ever been convicted of a misdemeanor with the past 24 months that resulted in imprisonment Yes No If yes, please explain:		
Have you lived in Pennsylvania for two years?	Yes	No
Statement of Consent and Signature		
<p>The Greater Pennsylvania Chapter of the Alzheimer’s Association conducts a criminal background check to verify all information provided on this form. A clear criminal background check will be required prior to serving as a volunteer. I do hereby hold the Alzheimer’s Association, Greater Pennsylvania Chapter harmless from any liability, whether civil or criminal that may arise as a result of the release of information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above-named Alzheimer’s Association Chapter. I understand the Alzheimer’s Association, Greater Pennsylvania Chapter will use this information as a part of its verification of my volunteer application periodically for evaluation purposes.</p>		
_____	_____	
Signature		Date