

alzheimer's association™

435 E. Henrietta Road, Rochester, NY 14620 - Phone 585 760 5400

Volunteer Application

Applicant's Name _____ Date _____

Mailing Address _____ Zip _____

Is address home or work? _____ E-mail Address _____

Phone (H) _____ (W) _____ Fax: _____

How did you hear of our agency? _____ Birthday (month, day & yr.) _____

Present Employer (Retired _____) _____

Job Title _____

References: Name _____ Name _____
 Address _____ Address _____
 Phone _____ Phone _____

Education - please check highest level completed () High School College: () 2 year () 4 year () 4+ years

Area of Study: _____

Have you had any experience with people with dementia? () Yes () No

If yes, please describe

Please check areas you are interested in, listing 1st, 2nd and 3rd choices if more than one interest:

- Friendly Connections: (Assist with follow-up calls on information requests and Safe Return)
- Supportive Activities
- Other

Special Projects: Memories In The Making Community Connections Supported Activities
 Health Fairs

Special Events: Gala Memory Walk

Support Group Facilitator: Monthly Meetings Substitute Careline (one-on-one phone support)
 Journaling Group

General Availability: Please check times that you would generally be available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

Signature _____

Date _____