

# alzheimer's association

## VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

**In case of an emergency, contact:**

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Employer \_\_\_\_\_

**What type of volunteer work are you interested in? (Please check all that apply)**

- Provide office assistance with general clerical duties
- Help at special events
- Public speaking, fundraising, advocacy
- Occasionally work on group projects

**What skills and interests do you have? (Please check all that apply)**

**Office/Clerical**

- Telephone calling/answering
- General clerical (filing, sorting)
- Bulk mailings (folding, stuffing, labeling)

**Computers**

- Windows
- Desktop Publishing (Microsoft Publisher)
- Word Processing (Microsoft Word)
- Internet
- Data Entry

**When are you available to volunteer?**

Monday      Tuesday      Wednesday

Thursday

Friday

- morning     morning     morning
- afternoon     afternoon     afternoon

- morning
- afternoon

- morning
- afternoon

**Do you require any special accommodations or devices to complete tasks as a volunteer?**

Yes  No  *If yes, please list:* \_\_\_\_\_

**Are you volunteering for academic credit?** Yes  No

*If yes, complete the following:*

**Instructor's Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Completion Date** \_\_\_\_\_ **Hours Required** \_\_\_\_\_

**Course Name** \_\_\_\_\_

**Have you volunteered for the Alzheimer's Association in the past?**

Yes  No

*If yes, when and what type of volunteering did you do?*

\_\_\_\_\_

**Do you volunteer for other organizations?** Yes  No

*If yes, where do you, or have you volunteered?*

\_\_\_\_\_

**STATEMENT OF CONSENT AND CONFIDENTIALITY**

*I agree to accept all responsibility for my personal property and waive any claim or cause of action which may accrue against the Alzheimer's Association Southeastern Wisconsin and any employee of same during my stay at the Alzheimer's Association Southeastern Wisconsin or during any activity sponsored by the Alzheimer's Association Southeastern Wisconsin. I consent to the Alzheimer's Association Southeastern Wisconsin using any audiovisual programs, photographs or public relation references to me for purposes the Alzheimer's Association Southeastern Wisconsin deems appropriate. In addition, I agree to keep all medical and personal information regarding the Alzheimer's Association clients and their families or guardians confidential. The information provided above is complete and correct to the best of my knowledge.*

Volunteer Signature \_\_\_\_\_

Date

Parent/Guardian Signature \_\_\_\_\_

(If under 18)

Date

**Please return to:**

Lisa Ligocki, Office Manager  
Alzheimer's Association, Southeastern Wisconsin Chapter  
6130 West National Avenue, Suite 200  
Milwaukee, WI 53214

For further information, please call (414) 479-8800.