

Volunteer Information Form

Name _____

Address _____

Phone _____ E-mail _____

I would like to offer my time and skills to help individuals who are affected by Alzheimer's, their families, and the staff who serve them. I can volunteer my services in the following ways (please check all that apply):

- Serving as an Office Volunteer (includes basic clerical tasks)
- Providing general support to clients in Senior Day Services
- Providing specialist activities for clients in Senior Day Services (such as playing the piano, etc)
Please list specialty/ies: _____
- Serving as a van driver for clients in Senior Day Services
 - Relief driver (only when needed)
 - Regular morning driver (one, two or three mornings a week)
- Helping out in whatever way I can

Please tell us how you believe your services would be best utilized, based on your interests, experiences or professional skills:

I am available during the following days and times:		Morning	Afternoon
	Monday	_____	_____
	Tuesday	_____	_____
	Wednesday	_____	_____
	Thursday	_____	_____
	Friday	_____	_____

Please mail this form to:

Alzheimer's Association, Big Sioux Chapter
420 Chambers St.
P.O. Box 3716
Sioux City, IA 51102-3716

Fax: (712) 277 8076

E-mail: help@alz-sioux.org

For further information, please call us at **712-279-5802**.