

the compassion to care, the leadership to conquer

**St. Louis Chapter**  
 9370 Olive Blvd.  
 St. Louis, MO 63132  
 Phone (314) 432-3422  
 or (800) 272-3900  
 Fax (314) 432-3824

**Southeast Missouri Office**  
 2411 Abbey Road  
 Cape Girardeau, MO 63701  
 Phone (573) 332-8170  
 or (800) 980-9080  
 Fax (573) 332-8177

**www.alzstl.org**  
**24-hour Helpline 800-272-3900**

**Illinois Office**  
 222 Goethe Avenue  
 Collinsville, IL 62234  
 Phone (618) 346-4073  
 Fax (618) 346-4075

## STUDENT PROFILE (PRACTICUM and INTERNSHIP STUDENTS)

### Section One: Personal Information

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Place of Work/ School \_\_\_\_\_ Position/ Year in School \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Email Address (*print clearly*) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**In case of an emergency. (This information must be completed before beginning volunteer service.)**

Please contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

**Mark all that apply:**

- Family member; my \_\_\_\_\_ has / had Alzheimer's disease  
 Friend of a person with Alzheimer's disease       Community Supporter  
 Student interested in learning more through volunteer service       Health Care Professional

I am seeking fulfillment of mandated community service hours **or** an internship/practicum: [ ] Yes [ ] No

School: \_\_\_\_\_ Degree/ Program: \_\_\_\_\_ Hours needed: \_\_\_\_\_

In order to improve our services and identify what cultural/ethnic groups are represented in our volunteer force, the Alzheimer's Association collects the following demographic information. This information is optional, and does not in any way affect volunteer placement. **Ethnicity:**

- African-American       Hispanic or Latin American  
 American Indian / Native American       Pacific Islander  
 Asian       Other: \_\_\_\_\_  
 Caucasian       Prefer Not to Answer  
 Eastern Indian

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section Two: Educational Information

School: \_\_\_\_\_

Advisor: \_\_\_\_\_

Anticipated degree \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_ Grade point average \_\_\_\_\_

Hours completed toward major \_\_\_\_\_ Total credit hours completed \_\_\_\_\_

Undergraduate internship  Graduate internship  Foundation practicum  Concentration practicum

Other: \_\_\_\_\_

Total hours needed / available \_\_\_\_\_ Hours per week \_\_\_\_\_ Start and completion dates \_\_\_\_\_

Supervision requirements \_\_\_\_\_

Related classes \_\_\_\_\_

Related experience (please attach resume if not already submitted) \_\_\_\_\_

## Section Three: Student Interests

**I am interested in participating in the following activities:**

**COMMUNICATION:** Write and produce news releases, brochures and other materials.

Writing (Please include two writing samples.)  Graphic design (Please provide portfolio samples.)

**DEVELOPMENT:** Design and organize fund-raising programs

Special Events Planning  Campaign Planning  Corporate Gifts Assistant  Other:

**EDUCATION:** Plan, implement and evaluate programs. Develop educational materials for family members, health-care professionals and caregivers, and community members.

Family Programs  Professional Programs  Newsletter  Library  Speaking Engagements  
 Health Fairs  Other:

**FAMILY SERVICES:** Family assistance through Helpline, resource and legal information, care consultation, support groups, Safe Return and respite.

- Telephone Helpline
- Support Groups
- Community Resources
- Program Evaluation
- Safety Services
- Care Consultations and Safety Assessment
- Other:

**PUBLIC POLICY:** Work on legislative and advocacy issues to further the association mission.

- Coordinate Memory Day in Jefferson City (Dec.-Feb.)
- Advocacy recruitment
- Legislative tracking

**VOLUNTEERS:** Actively participate in leadership, service delivery and support activities of the association.

- Recruiting
- Training
- Managing
- Retaining
- Evaluating
- Recognizing
- Record keeping
- Other:

## Section Four: Background

**I was referred to the Alzheimer's Association by:** \_\_\_\_\_

**Health limitations** \_\_\_\_\_

**What three things would you like to learn from this educational experience?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What are your career goals?** \_\_\_\_\_

**Why are you interested in the Alzheimer's Association?** \_\_\_\_\_

**Skills and abilities: (1 Low / 5 High)** Write the number that applies next to each skill.

Data entry (1, 2, 3, 4 or 5) \_\_\_\_ Printing computer reports \_\_\_\_ Microsoft Word \_\_\_\_

Graphic software (Please specify software.) \_\_\_\_\_

Detail oriented \_\_\_\_ Answering phones \_\_\_\_ Making calls \_\_\_\_ Creative \_\_\_\_ Proofreading \_\_\_\_

Follow through \_\_\_\_ Organized \_\_\_\_ Internet \_\_\_\_ Oral communication \_\_\_\_ Written communication \_\_\_\_

Other skills: \_\_\_\_\_

**Times available (please circle):**

Days: M Tu W Th F S Hours: \_\_\_\_\_

Evenings: M Tu W Th F Hours: \_\_\_\_\_



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#### **Section Four: Statement of Confidentiality**

Confidential information is personal information that has been shared with the association for the purpose of service delivery, as well as personal/ financial information regarding donor contributions. It is the individual's right that such information will be safeguarded by the association's staff and volunteers.

The association shall maintain confidentiality as follows:

1. All written and electronic records that identify individual service recipients and donors are confidential and may be used by designated staff and volunteers for the services, program monitoring and/or development purposes only.
2. Records that identify individual recipients and donors shall not be made available to any other individual, agency, or organization without either written permission from the recipient, donor, or a legal representative of the individual, or judicial process.
3. Computer access to confidential records will be safeguarded through restricted file access limited to designated staff and volunteers.
4. Upon termination of my service/employment, I will deliver to the association, and not keep or deliver to any other person or entity, any and all items and copies of items containing confidential information.

I have read and agree to comply with the Alzheimer's Association policy regarding confidentiality.

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Name *(Please Print)*

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Position/Role *(Volunteer)*

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Signature

Date

**Please return completed Student Profile to:** Jennifer Phillips / Volunteer and Community Education Coordinator / Alzheimer's Association / 9370 Olive Boulevard / Saint Louis, Missouri 63132 or by fax at 314-801-0377.