

## Volunteer Application

### General Information

Last:		First:		Middle Initial:	
Street Address:			City:		State: Zip Code:
Home Phone: ( ) ( )	<input type="checkbox"/> Business <input type="checkbox"/> Cell		Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		
County:			Employer:		
Emergency Contact Name:			Phone: ( ) ( )		
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:					
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Birth:					

### Alzheimer's Association

Are you now or have you ever been involved with the Alzheimer's Association, either as an employee or volunteer? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the location, title, department, and dates below:	
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### Education and Training

School Name:	
Major:	Degree Earned:
Other Training or Degrees School Name:	
Major:	Degree Earned:

### Professional Licenses/Certifications

Title:	No.	State
Title:		

### Other Skills/Languages/Extracurricular Activities

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Please mark area of interest:

- Office Assistance   
  Health Fairs   
  Speaker's Bureau   
  Fund Raising   
  Advocate  
 Support Group   
  Memory Walk   
  Special Events   
  Other

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

Date \_\_\_\_\_

### Business Reference #1

Last:		First:			
Street Address:			City:		State: Zip Code:
Home Phone: ( ) ( )	<input type="checkbox"/> Business <input type="checkbox"/> Cell		Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		
Company:			Title		
How long have you known this person?					
Is this a previous supervisor? <input type="checkbox"/> No <input type="checkbox"/> Yes      Length of employment with this person?					

### Business Reference #2

Last:		First:			
Street Address:			City:		State: Zip Code:
Home Phone: ( ) ( )	<input type="checkbox"/> Business <input type="checkbox"/> Cell		Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		
Company:			Title		
How long have you known this person?					
Is this a previous supervisor? <input type="checkbox"/> No <input type="checkbox"/> Yes      Length of employment with this person?					

### Business Reference #3

Last:		First:			
Street Address:			City:		State: Zip Code:
Home Phone: ( ) ( )	<input type="checkbox"/> Business <input type="checkbox"/> Cell		Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		
Company:			Title		
How long have you known this person?					
Is this a previous supervisor? <input type="checkbox"/> No <input type="checkbox"/> Yes      Length of employment with this person?					

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

Date \_\_\_\_\_

## Invitation for Self-Identification for Applicants

The Alzheimer's Association is an equal opportunity employer. In recognition of its responsibility to its paid and volunteer staff, and the community it serves, the Alzheimer's Association affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, the Alzheimer's Association must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application to volunteer with the Alzheimer's Association. This information will be kept in confidence and will not accompany your application. Please contact the Volunteer Coordinator if you have any questions.

**Check all that apply:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> <i>Female</i>                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <i>Male</i>                              |
| <input type="checkbox"/> <i>White, not Hispanic</i>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <i>Asian or Pacific Islander</i>         |
| <input type="checkbox"/> <i>Black or African-American, not Hispanic</i>                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> <i>Hispanic or Latino</i>                |
| <input type="checkbox"/> <i>Bi-racial or Multi-Ethnic</i>                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <i>American Indian or Alaskan Native</i> |
| <input type="checkbox"/> <u><i>Vietnam Era Veteran:</i></u> A veteran who:(1) served on active duty for more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975. |                                                                   |
| <input type="checkbox"/> <u><i>Other Protected Veteran:</i></u> Veteran's who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.                                                                                                                                                                                                                                                    |                                                                   |

**alzheimer's  association™**

the compassion to care, the leadership to conquer

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

\_\_\_\_\_  
Date