

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:

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/ Expertise/Eq r wgt 'Unkn

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Please mark area of interest:

Resource Table Staffing: Health Fairs Alzheimer's ACTION Team	Long-term commitments: Generation ACT Speakers Bureau Support Groups	Short-term commitments: Clerical Support Special Events / Walk Assistant Other
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Please return this form via email to daniel.heathcock@alz.org or fax to 713-314-1315. If you have any questions, please call 713.314.1313