

VOLUNTEER APPLICATION

Applicant's Name _____ Date _____

Mailing Address: (**circle one**) Home Work

Address _____

City _____ State _____ Zip _____

Email address _____@_____

Phone (H) _____ (W) _____ (C) _____ Birthday (mm/dd) _____

Present Employer (or Retired) _____

Job Title _____

References: (one personal and one professional or volunteer supervisor)

Personal Reference

Professional Reference

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

How did you hear of our organization? _____

Have you had any experience with people with Alzheimer's or a related dementia? ____ Yes ____ No

If yes, please describe _____

Please check all areas of interest for volunteering:

➤ Family Services:

- Helpline Counselor Helpline Telephone Support Volunteer Follow-up Calls
- Respite Volunteer Support Group Facilitator Health Fairs

➤ Administrative Services:

- General Office Work Computer Support / Data Entry On-line Research

➤ Special Events:

- Blue Moon Gala Memory Walk Other Fundraising Events

➤ Other:

- Alzheimer's Community Ambassador Art Program Assistant
- Advocacy/Public Policy One-time Projects

Experience/Skills:

What special skills do you have that can help you as a volunteer? _____

What is your work background? _____

Availability:

How often do you wish to volunteer? () weekly () monthly

Approximate # of Hours _____

Please use the grid below to show your current availability to volunteer. Mark (**X**) only those times that you most prefer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

When your application is complete, please do one of the following:

E-mail to: Volunteer.Coordinator@alz.org

Mail to: Alzheimer's Association, WNY Chapter
Attn: Volunteer Coordinator
2805 Wehrle Drive, Suite 6
Williamsville, NY 14221

Fax to: (716) 626-2255

For Office Use Only

Date of Interview:

Action: