

alzheimer's  association®
volunteer application

Applicant's Name _____ Date _____

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

Address _____

City _____ State _____ Zip _____

Email address _____ @ _____

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

Present Employer (or Retired) _____

Job Title _____

Emergency Contact – Name _____ Phone Number _____

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

Personal Reference

Name _____

Address _____

Phone _____

Professional Reference

Name _____

Address _____

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 _____

Experience/Skills:

Do you have any special skills that you would like to use as a volunteer? If yes, please describe. _____

What is your work/volunteer background? _____

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What are your personal interests or hobbies? What do you like to do in your spare time? _____

Availability:

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

Approximate # of Hours _____

Do you have your own transportation? Yes No

How many miles from your home would you be willing to travel (one-way) to volunteer? _____

The Western New York Chapter provides services to all eight counties in WNY. Please check the counties in which you would be willing to volunteer:

Allegany	Cattaraugus	Chautauqua	Erie	Genesee	Niagara	Orleans	Wyoming

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: