

VOLUNTEER APPLICATION

Available start date: ____/____/____

Personal information

Mr. Mrs. Ms. Miss

First name: _____ Last Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Preferred phone: _____ mobile home

Email: _____@_____._____

Preferred method of contact: Postal Mail Phone E-mail

Are you 18 years of age or older? Yes No Date of Birth: MM DD YYYY

Current employer or school: _____ Position or grade level: _____

Are you retired? Yes No

How did you hear about our volunteer opportunities?

Alzheimer's Association education program VolunteerMatch.com Google

Individual: _____

Student Group or Company: _____

Other: _____

Have you ever been employed by or volunteered for this or any Alzheimer's Association office? Yes No

Chapter Name: _____ Position: _____ Dates: _____

What volunteer opportunities are you interested in learning more about? Please check all that apply.

- | | | |
|------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Speakers bureau | <input type="checkbox"/> Physician outreach | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Support group facilitator | <input type="checkbox"/> Program committee | <input type="checkbox"/> Development committee |
| <input type="checkbox"/> Walk to End Alzheimer's committee | <input type="checkbox"/> Walk to End Alzheimer's event day assistant | <input type="checkbox"/> General office |
| <input type="checkbox"/> The Longest Day committee | <input type="checkbox"/> Board of directors | <input type="checkbox"/> Group opportunities |

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

References

1. Name: _____

Email: _____ @ _____

Years Known: _____ Phone: _____

Relationship: _____

2. Name: _____

Email: _____ @ _____

Years Known: _____ Phone: _____

Relationship: _____

Signing this application constitutes written authorization for the Alzheimer's Association, Central New York Chapter to have a security background check completed by an outside agency on an annual basis if my volunteer position requires such.

I understand that in order to become a volunteer for the Alzheimer's Association, Central New York Chapter that I will be required to participate in an on-boarding orientation as well as ongoing trainings to prepare me for my assignment(s). Furthermore, I will abide by all policies and procedures as written in the Volunteer Handbook.

Printed Name: _____

Signature: _____

Date: _____