



Greater Richmond Chapter

VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate (Month & Day): \_\_\_\_\_

- Check here if you would like to receive our e-newsletter (email required).
Check here if you would like to receive our advocate e-newsletter (email required).

VOLUNTEER INTERESTS:

I am interested in (check all that apply):

- Advocacy, Community Educator, Community Representative, Community Volunteer Leader, Early Stage Social Engagement Leader, Faith Outreach Representatives, Leadership Board or Leadership Board Subcommittees, Longest Day Committee, Office Volunteer, Promotor, Support Group Facilitator, Walk to End Alzheimer's Committee

\*Specific training is required in addition to the volunteer orientation training.

AVAILABILITY:

Table with 7 columns (Mornings, Afternoons, Evenings, Monday, Tuesday, Wednesday, Thursday, Friday, Weekends) for availability tracking.

Do you have a geographic preference for your volunteer work?      \_\_\_ No      \_\_\_ Yes

If yes, where? \_\_\_\_\_

REFERENCES (preferably one personal, one professional):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

BACKGROUND:

List current or past activities relevant to volunteer application -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Why do you want to volunteer with us (relevant exposure to Alzheimer's disease and related dementia diseases)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

VOLUNTEER AGREEMENT:

I, \_\_\_\_\_, agree to volunteer for the Alzheimer's Association Greater Richmond Chapter with no compensation. I also agree to comply with Association policies and honor the confidentiality of information about individuals and families who are served by the Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please sign and return by mail, fax, or e-mail to:  
Alzheimer's Association Greater Richmond Chapter  
4600 Cox Road, Suite 130  
Glen Allen, VA 23060  
Fax: 804-967-2588  
E-mail: ralawson@alz.org*