



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):

- Telephone Help Line
Support Group Facilitator
Community Program Speaker
Professional Staff Trainer
Health Fairs
Office Volunteer

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

AVAILABILITY:

Table with 7 columns (Monday, Tuesday, Wednesday, Thursday, Friday, Weekends) and 3 rows (Mornings, Afternoons, Evenings)

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: tthomas@alz.org*