



Volunteer Application

(PLEASE PRINT)

Volunteer Information

Name _____ Date ____/____/____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (H) _____ (W) _____ (Fax) _____

Birthdate (Month/Day) ____/____ Would you like to be on our mailing list? **YES NO**

Email Address _____

Employer _____

Occupation _____

What prompts your interest in the Alzheimer's Association? _____

How did you learn of the Alzheimer's Association? _____

What volunteer opportunities interest you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Clerical/office work | <input type="checkbox"/> Support Group | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Facilitation | <input type="checkbox"/> Memory Walk |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Education | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Helpline | <input type="checkbox"/> Health Fairs | _____ |

Are you skilled in any of these areas? (Please, specify) _____

We appreciate all our volunteers; you are truly a special gift!!

Please return this form to:
9500 Montgomery NE, Ste. 121 • Albuquerque, NM 87111
phone (505) 266-4473 • fax (505) 266-0108



Alzheimer's Association – New Mexico Chapter

CONFIDENTIALITY STATEMENT

All information contained in the files/records is confidential. This includes client information, donor records, mailing lists and employee/volunteer records. Release of information, other than required by law, may only be done with the permission of the Executive Director of the Alzheimer's Association – New Mexico Chapter Board of Directors.

As an Alzheimer's Association – New Mexico Chapter staff person or volunteer, I will respect the confidentiality of all information gained in the course of my work.

Volunteer/Staff Person Date

Supervisor/Executive Director Date

