

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 Alzheime	r's Association?	
What volunteer opportunities intere	est you?	
□ Clerical/office work □	Support Group	Fundraising
• Computer	Facilitation 🗆	Memory Walk
□ Newsletter □	Speaker's Bureau	Public Policy
□ Mailings □	Education 🗅	Other:
□ Helpline □	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



Alzheimer's Association – New Mexico Chapter

CONFLICT OF INTEREST POLICY

No directors, staff member, board member, volunteer or committee member may use his/her position with the Alzheimer's Association for:

- 1. Financial gain or other profit
- 2. Involvement on a conflict of interest, or appearance of conflict of interest that may embarrass or cause legal liability to the Association
- 3. Use confidential information gained in the cause of the relationship with the Association for his/her own benefit or the benefit of others.

Any actual or potential conflict of interest shall be fully disclosed by me to the Association.

I understand the above-mentioned Conflict of Interest Policy of the Alzheimer's Association and agree to abide by the policy.

Volunteer/Staff Person

Supervisor/Executive Director Date

Date