

800.272.3900 | alz.org®

435 E. Henrietta Road, Rochester, NY 14620 - inforochny@alz.org or 585.760.5400

Volunteer Application

Applicant's Name _____ **Date** _____

Mailing Address _____ Zip _____

Is address home or work? _____ **E-Mail Address** _____

Phone (Home) _____ (Cell) _____

Emergency Contact Name and Phone # _____

How did you hear of our volunteer opportunities? **Staff Name?** _____

Present Employer (Retired _____) _____ Job Title _____

Have you had any experience with people with dementia? () Yes () No

If yes, please describe _____

Please check areas you are interested in, listing 1st, 2nd and 3rd choices if more than one interest:

Advocacy Volunteer: [] Work with staff of the Alzheimer's Association on legislative priority issues.

Special Projects: [] Photography/Videography [] Health Fairs [] Office Support [] Memory Gardens

Special Events: [] Walk to End Alzheimer's [] The Longest Day

Support Group Facilitator: [] Monthly Meetings

Other volunteer areas of interest _____

Volunteer Counties of Interest: [] Chemung [] Livingston [] Monroe [] Ontario [] Orleans
[] Schuyler [] Seneca [] Steuben [] Wayne [] Yates

**** Depending on volunteer position, personal or professional references may be requested.**

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

Signature _____ **Date** _____