

alzheimer's association

VOLUNTEER APPLICATION

Name _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Work) _____ Email _____

In case of an emergency, contact:

Name _____

Phone (Home) _____ (Work) _____

Relationship _____

What is your highest level of education? _____

What is your occupation? _____

Employer _____

What type of volunteer work are you interested in? (Please check all that apply)

- Provide office assistance with general clerical duties
- Help at special events
- Public speaking, fundraising, advocacy
- Occasionally work on group projects

What skills and interests do you have? (Please check all that apply)

Office/Clerical

- Telephone calling/answering
- General clerical (filing, sorting)
- Bulk mailings (folding, stuffing, labeling)

Computers

- Windows
- Desktop Publishing (Microsoft Publisher)
- Word Processing (Microsoft Word)
- Internet
- Data Entry

When are you available to volunteer?

Monday Tuesday Wednesday

Thursday

Friday

- morning morning morning
- afternoon afternoon afternoon

- morning
- afternoon

- morning
- afternoon

Do you require any special accommodations or devices to complete tasks as a volunteer?

Yes No *If yes, please list:* _____

Are you volunteering for academic credit? Yes No

If yes, complete the following:

Instructor's Name _____

School _____

Completion Date _____ **Hours Required** _____

Course Name _____

Have you volunteered for the Alzheimer's Association in the past?

Yes No

If yes, when and what type of volunteering did you do?

Do you volunteer for other organizations? Yes No

If yes, where do you, or have you volunteered?

STATEMENT OF CONSENT AND CONFIDENTIALITY

I agree to accept all responsibility for my personal property and waive any claim or cause of action which may accrue against the Alzheimer's Association Southeastern Wisconsin and any employee of same during my stay at the Alzheimer's Association Southeastern Wisconsin or during any activity sponsored by the Alzheimer's Association Southeastern Wisconsin. I consent to the Alzheimer's Association Southeastern Wisconsin using any audiovisual programs, photographs or public relation references to me for purposes the Alzheimer's Association Southeastern Wisconsin deems appropriate. In addition, I agree to keep all medical and personal information regarding the Alzheimer's Association clients and their families or guardians confidential. The information provided above is complete and correct to the best of my knowledge.

Volunteer Signature _____

Date

Parent/Guardian Signature _____

(If under 18)

Date

Please return to:

Lisa Ligocki, Office Manager
Alzheimer's Association, Southeastern Wisconsin Chapter
620 South 76th Street, Suite 160
Milwaukee, WI 53214

For further information, please call (414) 479-8800.