



Program Volunteer Application

This application will be completed once a prospective volunteer has expressed interest in a program volunteer position. The purpose is to do a more thorough screening and gain permission for background & reference checks.

Availability

Please select all the times you're willing to volunteer:

Available start date: [Choose an item.](#) [Choose an item.](#) [Choose an item.](#)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General amount of time available per month:

☐ 0-5 hours ☐ 5 – 10 hours ☐ 10+ hours

Willing to make a commitment of ☐ 3 months ☐ 6 months ☐ 1 year ☐ more

Some of our volunteer opportunities require some travel throughout the Chapter service area.

Please indicate if you are able to travel. Yes ☐ No ☐

Volunteer History / Community Involvement

Please tell us about yourself (i.e., professional background, skills and interests): [Click here to enter text.](#)

Briefly describe any additional volunteer or community involvement (professional, social, religious, civic, etc.): [Click here to enter text.](#)

Please tell us what attracted you to consider volunteering for the Alzheimer's Association: [Click here to enter text.](#)

What do you hope to gain from your volunteer experience? [Click here to enter text.](#)

Have you been impacted by Alzheimer's or dementia? [Choose an item.](#)

Do you have a website or LinkedIn profile you'd like to share with us? [Click here to enter text.](#)

Anything else you'd like to share with us? [Click here to enter text.](#)

Language Information

Are you bi-lingual? Yes ☐ No ☐

What is your preferred language? [Click here to enter text.](#)

Do you speak any other languages? [Click here to enter text.](#)

Employment History

Please list your current or most recent employer, if applicable.

Employer name: [Click here to enter text.](#)

What is / was your position: [Click here to enter text.](#)

☐ My employer has a matching gift program
volunteer

☐ My employer reimburses me to

☐ My employer recognizes volunteerism

References

Please list three professional and/or personal (not including relatives) references with complete address and phone number below. References remain confidential.

Name	Relationship & / or Company	Phone
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Emergency Contact

In the event of an emergency, whom should we notify?

First Name: [Click here to enter text.](#)

Last Name: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Alternate phone: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Statement of Understanding

I understand and agree that submitting this application form does not automatically register me as a Alzheimer's Association volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures and a clean background check before I may begin volunteering.

☐ By submitting this form, I attest that the information I have provided on the form is true and accurate.