

VOLUNTEER APPLICATION FORM

The information collected on this form will help us find the most meaningful and appropriate volunteer placement for you. Kindly provide as much detail as possible. Thank you for your interest!

PLEASE PRINT CLEARLY

NAME: _____
FIRST LAST

HOME ADDRESS: _____
STREET CITY/PROVINCE POSTAL CODE

HOME #: _____ **WORK #:** _____

CELL #: _____ **E-MAIL:** _____

EMERGENCY CONTACT: _____
NAME PHONE # RELATIONSHIP

Please check this box if you are currently over the age of 18: ☐

AVAILABILITY

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

COMMENTS: _____

OFFICE USE ONLY

DATE OF INTERVIEW: _____ **START DATE:** _____

ORIENTATION DATE: _____ **PLACEMENT:** _____

EDUCATION / WORK EXPERIENCE

Please provide an overview of your education and work experience OR attach a resume.

VOLUNTEER EXPERIENCE

Please provide an overview of your present and/or previous experience as a volunteer.

BACKGROUND

How did you hear about the Alzheimer Society?

Have you had a personal experience with Alzheimer's or other dementias? If so, please describe.

Have you worked with individuals and/or families who have Alzheimer's or other dementias? If so, please describe.

Describe your main motivation for wishing to volunteer for the Alzheimer Society.

PLACEMENT

Please check the boxes to identify areas you wish to volunteer:

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Board
<input type="checkbox"/>	Alzheimer Face Off	<input type="checkbox"/>	Booths
<input type="checkbox"/>	Community Ambassador	<input type="checkbox"/>	Casino
<input type="checkbox"/>	Events	<input type="checkbox"/>	Facilitator
<input type="checkbox"/>	Presenter	<input type="checkbox"/>	Program Helper
<input type="checkbox"/>	Resource Distribution	<input type="checkbox"/>	Walk for Alzheimer's

Please provide any additional comments about your volunteer interests:

What types of volunteer activities do you wish to avoid?

What do you hope to gain from your volunteer experience?

REFERENCES

(family members will not be accepted)

Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Relationship to Applicant: _____	Relationship to Applicant: _____

I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications may not be considered and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after placement.

I authorize the Alzheimer Society of Alberta and Northwest Territories to verify all statements herein and release the Alzheimer Society of Alberta and Northwest Territories and all others from liability in connection with same.

Signature

Date

Thank you for completing our volunteer application. We appreciate your interest and support! A representative from our office will review your application and be in contact.

Return application by mail, fax, e-mail or in person to:

Alzheimer Society of Alberta and Northwest Territories

Suite 306, 10430-61 Avenue | Edmonton, AB | T6H 2J3

Telephone: (780) 488-2266 | Fax: (780) 488-3055