

# Alzheimer Society

ALBERTA AND  
NORTHWEST TERRITORIES

## 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!

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**PLEASE PRINT CLEARLY**

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NAME: \_\_\_\_\_  
FIRST LAST

HOME ADDRESS: \_\_\_\_\_  
STREET CITY/PROVINCE POSTAL CODE

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

CELL #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE # RELATIONSHIP

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### AVAILABILITY

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	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.

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**VOLUNTEER EXPERIENCE**

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

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**BACKGROUND**

How did you hear about the Alzheimer Society?

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

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

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

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**PLACEMENT**

What types of volunteer activities interest you?

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What types of volunteer activities do you wish to avoid?

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What do you hope to gain from your volunteer experience?

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**REFERENCES**

(family members will not be accepted)

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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