**VOLUNTEER APPLICATION**

**Please complete both sides**

## Contact Information

|  |  |
| --- | --- |
| **Name:**  | **Date of birth: (dd/mm)** |
| **Address**: (please include city and postal code) |
| **Home Phone:**  | **Cell Phone:**  | **Work Phone:**  |
| **E-Mail Address\*:**  | **Check 🗹 to receive our e-newsletter?** [ ]  |
| **Preferred Contact:** Phone [ ] Email [ ]   |
| **Access to a vehicle:** Yes [ ]  No [ ]   |
| **Languages spoken:** English [ ] French [ ] Other [ ] :  |
| **Languages written:** English [ ] French[ ]  Other [ ] :  |

## Emergency Contact Information

|  |  |
| --- | --- |
| **Name:**  | **Relationship:**  |
| **Home Phone:**  | **Cell Phone:**  | **Work Phone:**  |

## Availability: During which hours are you available for volunteer assignments? Please check 🗹

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ]

## Interests: Please check 🗹 which areas you are interested in volunteering. Please note that not all opportunities are available at any given time.

|  |  |
| --- | --- |
| [ ] Leadership: [ ] Fundraising Committees [ ] Board of Directors | [ ] Special Events Day-of:  [ ]  Tag Day [ ] Coffee Break [ ]  Truck Pull [ ]  Walk for Mem. [ ]  Hockey Game |
| [ ] Marketing / Communications:  [ ] Writing & editing skills [ ] Graphic arts [ ] Social media | [ ] Financial Processing[ ] Preparing deposits[ ] Records reconciliation |
| [ ] Education/Awareness:  [ ] Public Education Ambassador [ ] Promotions/presentations  | [ ] Administrative Support [ ] Database management [ ] Research projects |
| [ ] Client Support [ ] Support Group Facilitator [ ] Friendly Visiting [ ] Client calling | [ ] Helping out but not sure what opportunity is right for me |
| [ ] Student Placement |
| [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## What skills and talents would you bring to your volunteer role(s)?

## What relevant experience would you bring to your volunteer role(s)?

## References: At least one reference should be related to paid employment or volunteer work.

|  |  |
| --- | --- |
| Name:  | Phone:  |
| Relationship:  |
| Name:  | Phone:  |
| Relationship:  |
| Name:  | Phone:  |
| Relationship:  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that the information provided on this form may be used to determine my suitability for this position, including the contacting of references indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Applicant Signature*  *Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Parent/Guardian* Signature  *Date***

 *Please note: A parent/guardian must also sign for volunteers under 18 years of age*

Mail, fax or email form to:

 **Karen Beaney**, Volunteer/Friendly Visiting Coordinator

183 Simcoe Street, Peterborough, Ontario K9H 2H6

TEL: (705) 748-5131 • FAX: (705) 748-6174

karen@alzheimerjourney.ca

Applicants will be contacted to discuss suitability and current opportunities.