



VOLUNTEER APPLICATION FORM

Name _____ **Phone** _____
First Last Home Work

Address _____
Street Suite/Apt#

_____ **Postal Code** _____
City Province

E-mail _____ **Fax** _____

How did you find out about the Alzheimer Society?

Why would you like to volunteer for the Alzheimer Society?

What previous work and/or volunteer experience have you had that you think might be useful?

What would you like to gain from your volunteer experience?

What special skills or talents would you like to share while volunteering?

Do you speak any languages other than English? If so, please indicate which language(s).

Do you have access to a vehicle? Yes No

I am interested in helping with the following:

- Accounting/Finances
 - Data entry/Info management
 - Event help/planning
 - Fundraising
 - General office help
 - Photography/Videographer
 - Presentations/Education
 - Research/Policies
 - Social Media/ Marketing
 - Writing/Editing
 - Other (please specify)
-

Availability

Please, indicate when you are available

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

Length of Commitment

- Less than 3 months 3 to 12 months Ongoing Only for special events

Are you willing to submit 2 references if requested? Yes No

Are you willing to complete a police check if the position requires? Yes No

Signature _____ Date _____
(Volunteer applicant)

Parent/Guardian _____
Please note: A parent/guardian must also sign for volunteers under 18 years of age.

Mail or fax this form to Tracy Koskamp-Bergeron
To learn more contact Tracy at 705-268-4554 or email director@alzheimerstimmins.com

Alzheimer Society Timmins-Porcupine District
70 Cedar St S.
Timmins, ON P4N 2G6
<http://www.alzheimer.ca/timmins>
Phone: 705-268-4554 Fax: 705-360-4492