

# *Société Alzheimer Society*

CHATHAM - KENT

## **Volunteer Application**



36 MEMORY LANE, CHATHAM, ONTARIO N7L 5M8  
PH: (519) 352-1043 FAX: (519) 352-3680  
[www.alzheimer.ca/chathamkent](http://www.alzheimer.ca/chathamkent)  
Melissa Pilon: Administrative Assistant  
Email: [mpilon@alzheimerchathamkent.ca](mailto:mpilon@alzheimerchathamkent.ca)

# *Soci t  Alzheimer Society*

C H A T H A M - K E N T

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have knowledge/awareness of Alzheimer's disease or related dementias?

Yes  No

If yes, please describe:

---

---

Have you previously worked with those affected by Alzheimer's disease or related dementias?

Yes  No

If yes, please describe:

---

---

Describe your main reasons for wishing to volunteer with the Alzheimer Society of Chatham-Kent:

---

---

Have you previously, or are you currently involved with any other volunteer services or community organizations?

Yes  No

If yes, please list the organization, type of work and duration of your involvement:

---

---

Highest level of education completed:

---

---

Current occupation/Place of business:

---

---

May we contact you at work?

Yes  No  If yes, Phone: \_\_\_\_\_

Hobbies/Interests:

---

In which area of service would you prefer to volunteer your time?

- Chatham Day Program
- Wallaceburg Day Program
- Special Events/Fundraising
- Education and Awareness
- Board of Directors

***Personal References (Please provide two)***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

I, \_\_\_\_\_, give permission to the Alzheimer Society of Chatham-Kent to contact the above references in regards to my application. I further confirm that all of the above information submitted is true and correct to the best of my knowledge. I also understand that any information collected by the Alzheimer Society of Chatham-Kent will be kept confidential, and will not be passed on to any other person or agency without my expressed permission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*The human contribution is the essential ingredient. It is only in the giving of oneself to others that we truly live. - Ethel Percy Andrus*

**Supported by:**

