# Société Alzheimer Society

### **Volunteer Application**

For:

Revised: 2023



Forget Me Not

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

— Ethel Percy Andrus

### Visit the Office, Mail, Fax, Email this application to:



36 Memory Lane, Chatham, Ontario N7L 5M8 PH: (519) 352-1043 FAX: (519) 352-3680

Website: www.alzheimer.ca/chathamkent

Email: info@justasck.ca

## Société Alzheimer Society

Date				
Volunteer Name				
Pronouns	☐ He/Him ☐ They/Them ☐ Sh	e/Her 🗆	Other	
Email				
Address				
	Address/Unit #		City	Postal Code
Phone		☐ Cell	☐ Home	☐ Work
Preferred Contact	☐ Email ☐ Telephone			
Knowledge	Do you have knowledge/awareness of A	Alzheimer'	's disease or re	lated
	dementias? ☐ Yes ☐ I	No		
	If yes, please describe			
Personal	Have you previously worked with those		by Alzheimer's (	disease or
Experience	related dementias?	NO		
	If yes, please describe			
Reasons for	Describe your main reasons for wishing	to volunte	eer with the Alz	heimer Society
Volunteering	of Chatham-Kent.	,		
J				
Experience with	Have you previously, or are you current		-	r volunteer
Volunteering	services or community organizations?			
	If yes, please list the organization, type	of work a	nd duration of y	our/
	involvement: Organization	Tyn	e of Work	Duration of Your
	Organization	Тур	e or work	Involvement
Education	Highest level of education completed:			
•				
Current	Current occupation/place of business:			
Occupation				

Preferences for Volunteering	Contact at Work?	May we con	•	at work?	☐ Yes ☐	□ No			
Preferences for Volunteering		If yes, Phon	e:						
Board of Directors   Day Program: Chatham (socializing with clients, setting up activities, art, music, exercise, cleaning tables/infection Prevention and Control (IPAC), tidying after lunch)   Day Program: Wallaceburg (socializing with clients, setting up activities, art, music, exercise, cleaning tables/infection Prevention and Control (IPAC), tidying after lunch)   Education and Awareness   Cold Calls - Contacting tables/infection Prevention and Control (IPAC), tidying after lunch)   Education and Awareness   Education and Awareness   Education and Awareness   Education and Awareness   Events (e.g., IG Wealth Management Walk for Alzheimer's)   Prundraising   Marketing and Communications (writing, editing, graphic art, website, social media)   Office Support (data entry, reception, computer skills)   Do you have any Microsoft Office 365 experience?   Yes   No   Details   Sharing Your Professional/Leadership Skills   Sharing Your Professional/Leadership Skills   Special (e.g., gardening, lawn maintenance, building maintenance, etc.)   Student Placement   Volunteer Development/Coordination   Other (please specify)   There are about 4-6 hours of training involved in becoming a volunteer with ASCK. Would that present an issue for you?   Yes   No   Need More Info  Time Commitment   How many hours do you think you could volunteer at ASCK?   Daily   Weekly   Monthly   When Schedule Permits   Mon.   Tues   Wed.   Thurs.   Fri.   Sat.   Sun.   Morning   Afternoon   Evening   When My Schedule Permits   Do you have access to a computer, to take the training?   Yes   No   Now would you prefer to take the training at our office?   Yes   No   How would you like to discuss your application?   Email   In-Person Meeting at the Office   Email   In-Person Meeting at the Office   Sector Police Check. This fee is reimbursed by ASCK.   ASCK does ask its volunteer to sign:   Liability Waiver   Now	Hobbies/Interests								
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Service Adreement (Minch includes Connidentiality)	•	Service Agreement (which includes Confidentiality)							

Emergency Contact Name				
Phone				
How Did You Learn About ASCK?	☐ At a Special Event			
Languages Spoken	☐ English ☐ French ☐ Other			
Languages Written	☐ English ☐ French ☐ Other			
Personal References (Please provide 2)				
1st Reference: Name				
1 <sup>st</sup> Reference: Phone				
1 <sup>st</sup> Ref: Relationship				
Comments				
2 <sup>nd</sup> Reference: Name				
2 <sup>nd</sup> Reference: Phone				
2 <sup>nd</sup> Ref: Relationship				
Comments				
I,, give permission to the Alzheimer Society of Chatham-Kent to contact the above references regarding my application. I further confirm that all 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 of Volunteer				
Parent/Guardian	Please Note: a parent/guardian must also sign for volunteers under 18 years of age.			

For Office Use Only:	
Staff Name	
Date of Initial Contact	
Date Sent Welcome Email	
Comments	

Thank you for completing this form! Applicants will be contacted to discuss suitability and current opportunities.

#### **Commitment to Equitable Recruitment**

Applications will have an Equitable Recruitment Statement on each application.

The Alzheimer Society of Chatham-Kent (ASCK) recognizes the value and dignity of each individual and ensures everyone has genuine, open, and unhindered access to employment opportunities, free from any barriers, systemic or otherwise. We are dedicated to building a diverse and inclusive work environment, where the rights of all individuals and groups are protected and all members feel safe, respected, empowered, and valued for their contributions.

Our values include justice and connection and are the guideposts we use for decision-making of all kinds. We believe that this will guide the organization toward a place of inclusion for all - where equity and access to essential supports and services becomes the reality.

We are committed to inclusive, barrier-free recruitment and selection processes in accordance with the Human Rights Code and AODA. ASCK welcomes those who have demonstrated a commitment to upholding the values of equity and social justice and we encourage applications from First Nations, Inuit and Métis, Indigenous Peoples of North America, Black and persons of colour, persons with disabilities, people living with dementia, care partners and those who identify as LGBTQ2S+.

We respect your privacy. ASCK collects your personal information in order to help identify and align suitable volunteers and opportunities. Only authorized ASCK staff and/or volunteers access this information. For more information about our privacy policy go to <a href="https://www.alzheimerontario.ca">www.alzheimerontario.ca</a>