

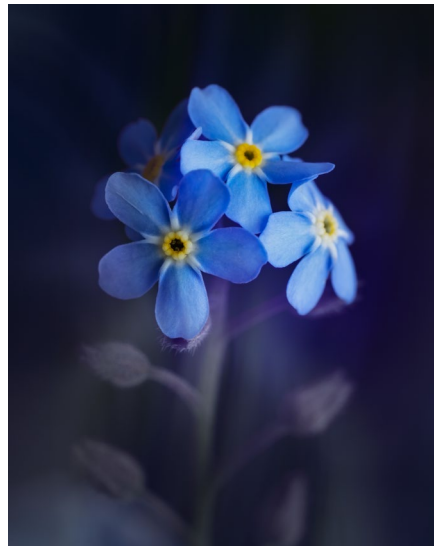
Société Alzheimer Society

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

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

Soci t  Alzheimer Society

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

Date			
Volunteer Name			
Pronouns	<input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> Other		
Email			
Address			
	Address/Unit #	City	Postal Code
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Preferred Contact	<input type="checkbox"/> Email <input type="checkbox"/> Telephone		
Knowledge	Do you have knowledge/awareness of Alzheimer’s disease or related dementias? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please describe		
Personal Experience	Have you previously worked with those affected by Alzheimer’s disease or related dementias? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please describe		
Reasons for Volunteering	Describe your main reasons for wishing to volunteer with the Alzheimer Society of Chatham-Kent.		
Experience with Volunteering	Have you previously, or are you currently involved with any other volunteer services or community organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please list the organization, type of work and duration of your involvement:		
	Organization	Type of Work	Duration of Your Involvement
Education	Highest level of education completed:		
Current Occupation	Current occupation/place of business:		

Contact at Work?	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Phone: _____																																
Hobbies/Interests																																	
Preferences for Volunteering	<p>In which area(s) of service would you prefer to volunteer your time?</p> <input type="checkbox"/> Board of Directors <input type="checkbox"/> Day Program: Chatham (<i>socializing with clients, setting up activities, art, music, exercise, cleaning tables/Infection Prevention and Control (IPAC), tidying after lunch</i>) <input type="checkbox"/> Day Program: Wallaceburg (<i>socializing with clients, setting up activities, art, music, exercise, cleaning tables/Infection Prevention and Control (IPAC), tidying after lunch</i>) <input type="checkbox"/> Education and Awareness <ul style="list-style-type: none"> • Cold Calls – Contacting local businesses regarding education opportunities. • Building Contact spreadsheets (if you have Microsoft Excel experience) • Preparing education booklets for participants • Assisting with educational events <input type="checkbox"/> Events (<i>e.g., IG Wealth Management Walk for Alzheimer's</i>) <input type="checkbox"/> Fundraising <input type="checkbox"/> Marketing and Communications (<i>writing, editing, graphic art, website, social media</i>) <input type="checkbox"/> Office Support (<i>data entry, reception, computer skills</i>) Do you have any Microsoft Office 365 experience? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____ <input type="checkbox"/> Sharing Your Professional/Leadership Skills <input type="checkbox"/> Special (<i>e.g., gardening, lawn maintenance, building maintenance, etc.</i>) <input type="checkbox"/> Student Placement <input type="checkbox"/> Volunteer Development/Coordination <input type="checkbox"/> Other (please specify) _____																																
Training	<p>There are about 4-6 hours of training involved in becoming a volunteer with ASCK. Would that present an issue for you?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More Info _____																																
Time Commitment	<p>How many hours do you think you could volunteer at ASCK?</p> <p style="text-align: center;">Daily Weekly Monthly When Schedule Permits <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mon.</th> <th>Tues.</th> <th>Wed.</th> <th>Thurs.</th> <th>Fri.</th> <th>Sat.</th> <th>Sun.</th> </tr> </thead> <tbody> <tr> <td>Morning</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Afternoon</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Evening</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Morning								Afternoon								Evening							
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Evening																																	
When Could You Start?	<input type="checkbox"/> When My Schedule Permits																																
Computer	<p>Do you have access to a computer, to take the training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you prefer to take the training at our office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How would you like to discuss your application?</p> <input type="checkbox"/> Email <input type="checkbox"/> In-Person Meeting at the Office <input type="checkbox"/> Telephone Conversation <input type="checkbox"/> Zoom Meeting																																
Vulnerable Sector Police Check	<i>If you are volunteering with our clients, we require that you get a Vulnerable Sector Police Check. This fee is reimbursed by ASCK.</i>																																
Agreements to Sign	<p>ASCK does ask its volunteers to sign:</p> <ul style="list-style-type: none"> • Liability Waiver • Service Agreement (which includes Confidentiality) 																																

Emergency Contact Name	
Phone	
How Did You Learn About ASCK?	<input type="checkbox"/> At a Special Event _____ <input type="checkbox"/> Friend/Family/Colleague <input type="checkbox"/> Materials Displayed in My Community <input type="checkbox"/> Media (TV, radio, newspaper) <input type="checkbox"/> Website/Internet (email blasts, e-newsletters)
Languages Spoken	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____
Languages Written	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____
<i>Personal References (Please provide 2)</i>	
1st Reference: Name	
1st Reference: Phone	
1st Ref: Relationship	
Comments	
2nd Reference: Name	
2nd Reference: Phone	
2nd Ref: Relationship	
Comments	
<p>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.</p>	
Signature of Volunteer	
Parent/Guardian	<p><i>Please Note: a parent/guardian must also sign for volunteers under 18 years of age.</i></p>

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 www.alzheimerontario.ca