

# VOLUNTEER APPLICATION

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

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

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ (Phone): \_\_\_\_\_

1) How did you hear about the Alzheimer Society of Dufferin County?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Why would you like to become a volunteer for the Alzheimer Society?

\_\_\_\_\_

\_\_\_\_\_

3) Skills & Interests

Educational Background \_\_\_\_\_

Skills & talents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies & interests \_\_\_\_\_

\_\_\_\_\_

Languages spoken \_\_\_\_\_

4) What is your previous & current volunteer experience?

Organization/Agency	Length of Time	Position

5) What is your previous & current work experience?

Organization/Agency	Length of Time	Position

6) Please describe your availability: Mornings \_\_\_\_\_, Afternoons \_\_\_\_\_, Evenings \_\_\_\_\_  
Mon. \_\_\_\_\_, Tues. \_\_\_\_\_, Wed. \_\_\_\_\_, Thurs. \_\_\_\_\_, Fri. \_\_\_\_\_, Weekends \_\_\_\_\_  
Further Details

7) I would like to volunteer: Occasionally \_\_\_\_\_, less than 3 hours/month \_\_\_\_\_,  
3 hours or more/month \_\_\_\_\_, 2 hours or less/week \_\_\_\_\_, 3 hours or more/week \_\_\_\_\_.

8) References (At least one professional please).

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_



Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parental Consent (if under 18)

Name of Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing the above information. Please return this form to the  
**Alzheimer Society of Dufferin County** 25 Centennial Road, Unit 1,  
Orangeville, ON L9W 4G6

We appreciate your interest & support

OFFICE USE ONLY

Date of Interview: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Comments: \_\_\_\_\_