

Alzheimer Society

OXFORD

Volunteer Companion Program Application Form

SECTION A

Last Name:		First Name:	Date:	
Address:		City:	Postal Code:	
Email:		Home Phone:	Cell Phone:	
May we call you at work?	YES	NO	Work Phone:	Birthday (Day & Month) :
<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Other	

Emergency Contact: (name, relationship, phone number)

SECTION B

Do you have an awareness of the effects of Alzheimer Disease or other dementias? If yes, please describe:	YES	NO
Have you ever worked with people who have Alzheimer Disease or other dementias? If yes, please describe:	YES	NO
Have you ever been involved with other volunteer services? If yes, please list the agency, type of work done and when you were involved.	YES	NO

What have you enjoyed most in previous volunteer assignments?

Least?

If you have had previous volunteer experience, in what ways did the agencies support you that you found helpful?

What would you like the Alzheimer Society of Oxford to do to support you in your role?

Please describe your hobbies and interests:

What languages other than English do you speak or write?

SECTION C

Can you commit your time for a minimum of 6 months?

YES

NO

Can you commit your time for at least 2 hours per week at a regular day/time?

YES

NO

Time available for volunteering:

	Mon	Tue	Wed	Thu	Fri
Morning					
Afternoon					
Evening					

Do you have any allergies/sensitivities that would prevent you from going into someone's home?
 (Circle all of the following that would prevent you from going into someone's home)

Pets	Scents	Cigarette Smoke	Other _____
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Any other considerations for us to keep in mind?

How will you get to your match's home?	CAR	BUS	WALK	OTHER
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Are you willing to drive out of your community to visit someone in a neighbouring town/rural area?	YES	NO
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If yes, how far would you be willing to go?

REFERENCES

SECTION D

Please provide the names of two people who are not relatives and have known you for at least two years, that the Alzheimer Society of Oxford may contact as **personal references**.

1. Name	Phone Number (home):	Phone Number (work or cell):
Address	City	Postal Code
E-mail:		

How do you know this person?

How long have you known this person?

2. Name	Phone Number (home):	Phone Number (work or cell):
Address	City	Postal Code
E-mail:		

How do you know this person?

How long have you known this person?

Please provide the names of two people who are not relatives and have known you for at least two years, that the Alzheimer Society of Oxford may contact as **professional references**.

3. Name	Phone Number (home):	Phone Number (work or cell):
Address	City	Postal Code
E-mail:		
How do you know this person?		

How long have you known this person?

4. Name	Phone Number (home):	Phone Number (work or cell):
Address	City	Postal Code
E-mail:		
How do you know this person?		

How long have you known this person?

- I give permission for the Alzheimer Society of Oxford to contact the references listed in regard to my Volunteer Companion Program Application by phone and/or by letter and/or by email.
- All of the information that I have submitted on this form is true and correct.
- I agree that I will be responsible for fees associated with getting a police records check completed.
- I acknowledge that all information submitted on this application form will be considered confidential.

Volunteer Companion Signature

Date

Thank you for your interest in the Volunteer Companion Program!
Please return application and a completed police records check by email, mail or in person to:
Alzheimer Society of Oxford c/o VCP Coordinator
575 Peel St., Woodstock, ON, N4S 1K6