

# Alzheimer Society

SARNIA - LAMBTON

## VOLUNTEER APPLICATION

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<b>NAME</b>
Address
City
Postal Code
Email
Cell Phone:
Home Phone:
Emergency Contact & Phone Number:

**How did you learn about the Alzheimer Society?**

- Website/Internet  Friend/family/colleague  
 Media (TV, radio, newspaper)  At a special event  
 Materials displayed in my community  Direct mail  
 Other

**Languages Spoken**  English  French  Other: \_\_\_\_\_

**Preferred Contact:**  E-mail  Telephone

**Do you have access to a vehicle?**

- Yes  
 No

**Have you ever volunteered before? And if so where, and for how long?**

- Yes  
 No

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**Can you commit to a minimum of 3 months of volunteering?**

Yes

No

**Why would you like to volunteer for Alzheimer Society of Sarnia Lambton**

**Areas of Interest (skills sharing and learnings):**

**Leadership/Committees**

Board Participation

Volunteer development/coordination

Sharing your professional/leadership skills

**Special Events**

Event planning – canvassing

Coffee breaks, walks...

**Program/Service Delivery (Mindful Music, Inspirational Memories, Side by Side, etc)**

**Helping out but not sure which opportunity is right for me.**

**What skills and knowledge would you bring to the Alzheimer Society?**

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**Availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

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**References and police checks are required for all team members and volunteers. Please provide the names of three references that we may contact. (Please use non family references)**

Names
Relationship
Phone number
Best time to contact

Names
Relationship
Phone number
Best time to contact

Names
Relationship
Phone number
Best time to contact

**I hereby authorize the Alzheimer Society Sarnia-Lambton to contact the above references.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Volunteers from the age of 14 to 18 require Parental/Guardian Consent.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

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

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

Thank you for completing this application form and for your interest in volunteering with us.