

Alzheimer Society

SIMCOE COUNTY

VOLUNTEER APPLICATION FORM

| | | | |
|--------------|------------|--------------|-------------|
| NAME: | _____ | PHONE: | _____ |
| | First Last | | Cell # Home |
| ADDRESS: | _____ | | |
| | Street | Suite/Apt. # | |
| | _____ | | |
| | City | Province | Postal Code |
| EMAIL: | _____ | | |
| DOB: (D/M/Y) | _____ | | |

Why would you like to volunteer for the Alzheimer Society of Simcoe County?

What previous or work and /or volunteer experience have you had that you think might be useful?

What would you like to gain from your volunteer experience?

Do you speak any languages other than English? Yes No

If yes, please list: _____

Would you be willing to translate in those languages? Yes No

Alzheimer Society

SIMCOE COUNTY

What areas would you like to get involved in as a volunteer?

- Board of Directors
- Fundraising
- In-Home Recreation
- Minds in Motion
- Events (Including Walk for Memories)
- Administration
- Speakers Bureau
- Marketing & Communications
- Project Life Saver

Length of Commitment

- Less than 3 months
- Ongoing
- 3 to 12 months
- Only for Special Events

Availability:

Please indicate when you are available with a ✓

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|-----------|------|-------|------|--------|------|------|------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Emergency Contact: Name _____ Phone # _____

Relationship: _____

References (other than family members)

1. Name: _____

Phone: _____ Relationship: _____

2. Name: _____

Phone: _____ Relationship: _____

Alzheimer Society

SIMCOE COUNTY

I, _____, give permission to the Alzheimer Society of Simcoe County 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 Simcoe County will be kept confidential and will not be passed on to any other person or agency without my expressed permission.

Further, by signing this Volunteer Application, I agree to undergo a Vulnerable Sector Police Check at my own expense, and I agree to sign the following forms: Liability Waiver, Service Agreement (which includes Confidentiality) and a Multimedia Consent Form.

Volunteer's Signature: _____ Date: _____

Please note: a parent/guardian must also sign for volunteers under 18 years of age.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Please send the completed form by mail to the address below or by email to

volunteer@alzheimersociety.ca

ALZHEIMER SOCIETY OF SIMCOE COUNTY

20 Anne Street, Unit # 3,

P.O. Box 1414, Barrie, On L4M 5R4

Telephone # 705-722-1066 Ext. 230