



VOLUNTEER APPLICATION FORM

Name: _____ **Phone:** _____
 First Last Home Cell

Address:

 Street Suite/Apt #

 City Province Postal Code

Email:

How did you hear about our volunteer opportunities?
 Newspaper Alzheimer Society Website Social Media
 Other _____

Have you volunteered for the Alzheimer Society Elgin-St. Thomas in the past, if so when and what capacity?

Why are you interested in volunteering for the Alzheimer Society?

What previous skills, knowledge and work/volunteer experience do you have that will be helpful to our organization?

Do you have access to a reliable vehicle? Yes No

Do you have valid driver's licence? Yes No

Are you 16 years of age or older? Yes No

I am interested in the following (please check as many interests as you wish):

Special Events/ Fundraising

- Coffee Break
- Organizing an event on behalf of the Society
- Other Events as needed
- Walk for Alzheimer's
- Assist with a program

Office Support

- General Office Assistance
- Data Entry
- Social Media
- Phone Calls
- Database expertise
- Other (please specify)

Availability

Please indicate when you are available for volunteering:

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

Have you been convicted of a criminal offence(s) that have been pardoned?

- Yes No

Please be advised, should you be selected as a volunteer with the Alzheimer Society Elgin-St. Thomas, you will be required to provide character references that will be contacted prior to commencing your volunteer role.

Signature: _____ **Date:** _____

Parent/ Guardian: _____

Please note: A parent or guardian must also sign for volunteers under 18 yrs. of age.

**Mail or fax this form to Maggie Trevitt
450 Sunset Dr., Suite 229, St. Thomas, ON N5R 5V1
Ph: 519-633-4396 or 1-888-565-1111 Fax: 519-633-7028**