

# Alzheimer Society

SIMCOE COUNTY

## Volunteer Resources

### VOLUNTEER APPLICATION ALL INFORMATION IS STRICTLY CONFIDENTIAL

Today's Date: \_\_\_\_\_

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms. \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone (Res) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Month, Day) E-mail address: \_\_\_\_\_

Hours/Day Available: \_\_\_\_\_

1. How did you hear about the Alzheimer Society of Simcoe County?

\_\_\_\_\_

2. Have you volunteered before? \_\_\_ Yes \_\_\_ No If yes, with which organizations?

\_\_\_\_\_

3. What did you do as a volunteer? \_\_\_\_\_

\_\_\_\_\_

4. What are your hobbies? \_\_\_\_\_

5. Do you have any special skills, training or interests which you would like to use?

\_\_\_\_\_

6. What skills would you prefer not to use in your volunteer position? \_\_\_\_\_

\_\_\_\_\_

7. What languages do you speak? \_\_\_\_\_

8. Would you be prepared to act as an interpreter in those languages? \_\_\_ Yes \_\_\_ No

9. Do you have any disabilities which may affect the type of volunteer work you can do?

(i.e.: lifting, standing or sitting for long periods of time) \_\_\_ Yes \_\_\_ No

\_\_\_\_\_

# Alzheimer *Society*

SIMCOE COUNTY

## Volunteer Resources VOLUNTEER APPLICATION

### 10. Employment History

Employer (Current or Former): \_\_\_\_\_

Occupation (Current or Former): \_\_\_\_\_

Related Job Skills: \_\_\_\_\_

May we call you at work?  Yes  No Bus #: \_\_\_\_\_

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### Emergency Contact

*Name of person to be notified in case of emergency:*

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

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

Phone: (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_

Relationship: \_\_\_\_\_