

Société Alzheimer Society

M U S K O K A

VOLUNTEER APPLICATION FORM

Name	_____	Phone	_____
	First Last		Home Work
Address	_____		
	Street	Suite/Apt#	

	City	Province	Postal Code
Email	_____	Fax	_____

Why would you like to volunteer for the Alzheimer's Society?

What previous 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? If so, please advise which languages.

What area(s) would you like to get involved in as a volunteer?

- | | |
|---|---|
| <input type="checkbox"/> Web design | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Writing/editing | <input type="checkbox"/> Training |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> General office |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Project coordination |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Videography | <input type="checkbox"/> Research/policies |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Data entry/Info management |
| <input type="checkbox"/> Other (please specify) | |

Availability

Indicate when you are available to volunteer using a ✓

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

Length of Commitment

- ☐ Less than 3 months ☐ 3 to 12 months ☐ Ongoing ☐ Only for special events

References (other than family members)

1. Name: _____ Relationship: _____
First Last

Daytime phone: _____
Home Work

2. Name: _____ Relationship: _____
First Last

Daytime phone: _____
Home Work

Volunteer Signature _____ **Date** _____

Signature gives us permission to contact references.

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 e-mail to rdc@alzheimermuskoka.ca



ALZHEIMER SOCIETY OF MUSKOKA
440 ECCLESTONE DR. UNIT 17A BRACEBRIDGE, ONTARIO P1L 1Z6
TEL: 705-645-5621 FAX: 705-645-4397
WEB SITE: www.alzheimer.ca/Muskoka E-MAIL: alzmusk@muskoka.com
CHARITABLE REGISTRATION #: 13388 9238 R0001