



# Volunteer Application

After completing the application,  
email [info@alzalliance.org](mailto:info@alzalliance.org)

## Personal Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

## Your Interests:

How did you hear about the Alliance? \_\_\_\_\_

Please check which area(s) where you are interested in volunteering at the Alliance.

Office Support  Project Lifesaver  Day Club Friend  Event Volunteer

Other: \_\_\_\_\_

Do you have any personal or professional experience with a person with dementia? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

What specific skills, hobbies, talents, or abilities are you interested in using as a volunteer? \_\_\_\_\_

\_\_\_\_\_

## Background:

Please describe any previous volunteer experience, if any. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide a personal or professional reference.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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