

Office Use Only:  
Date Received \_\_\_\_\_  
Interview Date \_\_\_\_\_  
Position \_\_\_\_\_  
Status \_\_\_\_\_



## Volunteer Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE: (mth & day) \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

If you are willing to drive: Driver's License # \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What specific skills (other languages, hobbies, talents, etc.) do you have? \_\_\_\_\_

Do you prefer: Working with individuals \_\_\_\_ Working with groups \_\_\_\_ Staff/indirect support \_\_\_\_

### BACKGROUND (Check all that apply):

I am a \_\_\_\_ family member; my \_\_\_\_\_ has/had Alzheimer's disease

\_\_\_\_ friend of a person with Alzheimer's disease

\_\_\_\_ health care professional

\_\_\_\_ community supporter of the Alzheimer's Alliance

How did you first hear about the Alzheimer's Alliance? (family, friend, newspaper, website, etc.)

Why do you wish to volunteer for the Alzheimer's Alliance? \_\_\_\_\_

### PERSONAL REFERENCE:

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_ PHONE(S): \_\_\_\_\_

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_