

alzheimer's association™

435 E. Henrietta Road, Rochester, NY 14620 - Phone 585 760 5400

Volunteer Application

Applicant's Name _____

Mailing Address _____

Is address home or work? _____ E-mail Address _____

Phone (H) _____ (W) _____ Fax: _____ Birthday (month,day & yr.) _____

How did you hear of our agency? _____

Present Employer (Retired _____) _____

Job Title _____

References:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Education - please check highest level completed

() High School College: () 2 year () 4 year () 4+ years Area of Study: _____

Have you had any experience with people with dementia? () Yes () No If yes, please describe

Please check areas you are interested in, listing 1st, 2nd and 3rd choices if more than one interest:

- Advocacy**
- Community Ambassador:** Distribute information per given guidelines in a small defined geographic area
- Friendly Connections:** Assist with follow-up calls on information requests and Safe Return
- Office:** Clerical Tasks / Virtual Volunteering / Library
- Safe Return** assist with registration days
- Speaker's Bureau:** Presentations on Agency Programs & Services Distribute literature at health fairs
- Special Events:** *Chef's Dinner* *Memory Walk* *Committee*
- Special Projects:** Memories In The Making Caleb Ministries Alzheimer's Support Ministry
- Support Group Facilitator:** Monthly Meetings Substitute Careline (one-on-one phone support)
- The Memory Gardens**
- Other** _____

General Availability: Please check times that you would generally be available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

Signature _____

Date _____