VOLUNTEER APPLICATION FORM

Name _____ **Phone** _____
First   Last   Home   Work

Address _____
Street   Suite/Apt#

_____
City   Province   Postal Code

E-mail _____ **Fax** _____

How did you find out about the Alzheimer Society?

_____

Why would you like to volunteer for the Alzheimer 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?

_____

_____

What special skills or talents would you like to share while volunteering?

_____

_____

Do you speak any languages other than English? If so, please indicate which language(s).

_____

Do you have access to a vehicle? ☐ Yes   ☐ No

I am interested in helping with the following:

☐ Accounting/Finances

☐ Data entry/Info management

☐ Event help/planning

☐ Fundraising/BINGO

☐ General office help

☐ Photography/Videographer

☐ Presentations/Education

☐ Research/Policies

☐ Social Media/ Marketing

☐ Writing/Editing

☐ Other (please specify) (Board Member)

_____

Availability
Please, indicate when you are available

	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

Are you willing to submit 2 references if requested?   ☐ Yes   ☐ No

Are you willing to complete a police check if the position requires?   ☐ Yes   ☐ No

Signature _____   **Date** _____
                           (Volunteer applicant)

Parent/Guardian _____
                    Please note: A parent/guardian must also sign for volunteers under 18 years of age.

Mail or fax this form to Tracy Koskamp-Bergeron
To learn more contact Tracy at 705-268-4554 or email director@alzheimertimmins.com

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Timmins, ON P4N 6K6
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