**VOLUNTEER APPLICATION**

**Please complete both sides**

## Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | | **Date of birth: (dd/mm)** | |
| **Address**: (please include city and postal code) | | | | |
| **Home Phone:** | **Cell Phone:** | | | **Work Phone:** |
| **E-Mail Address\*:** | | **Check 🗹 to receive our e-newsletter?** | | |
| **Preferred Contact:** Phone Email  | | | | |
| **Access to a vehicle:** Yes  No | | | | |
| **Languages spoken:** English French Other : | | | | |
| **Languages written:** English French Other : | | | | |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Relationship:** | |
| **Home Phone:** | **Cell Phone:** | | **Work Phone:** |

## Availability: During which hours are you available for volunteer assignments? Please check 🗹

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

## Interests: Please check 🗹 which areas you are interested in volunteering. Please note that not all opportunities are available at any given time.

|  |  |
| --- | --- |
| Leadership:  Fundraising Committees  Board of Directors | Special Events Day-of:  Tag Day Coffee Break  Truck Pull  Walk for Mem.  Hockey Game |
| Marketing / Communications:  Writing & editing skills  Graphic arts  Social media | Financial Processing  Preparing deposits  Records reconciliation |
| Education/Awareness:  Public Education Ambassador  Promotions/presentations | Administrative Support  Database management  Research projects |
| Client Support  Support Group Facilitator  Friendly Visiting  Client calling | Helping out but not sure what opportunity is right for me |
| Student Placement |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## What skills and talents would you bring to your volunteer role(s)?

## What relevant experience would you bring to your volunteer role(s)?

## References: At least one reference should be related to paid employment or volunteer work.

|  |  |
| --- | --- |
| Name: | Phone: |
| Relationship: | |
| Name: | Phone: |
| Relationship: | |
| Name: | Phone: |
| Relationship: | |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that the information provided on this form may be used to determine my suitability for this position, including the contacting of references indicated above.

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

***Applicant Signature*  *Date***

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

***Parent/Guardian* Signature  *Date***

*Please note: A parent/guardian must also sign for volunteers under 18 years of age*

Mail, fax or email form to:

**Karen Beaney**, Volunteer/Friendly Visiting Coordinator

183 Simcoe Street, Peterborough, Ontario K9H 2H6

TEL: (705) 748-5131 • FAX: (705) 748-6174

[karen@alzheimerjourney.ca](mailto:karen@alzheimerjourney.ca)

Applicants will be contacted to discuss suitability and current opportunities.