

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

Address:	City:	Postal Code:
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Email:	Home Phone:	Cell Phone:
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May we call you at work? YES NO	Work Phone:	Birthday (Day & Month)
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Occupation	Today's Date:
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How did you hear about the Alzheimer Society of Windsor & Essex County?  
 \_\_\_\_\_

Why do you wish to volunteer for the Alzheimer Society?  
 \_\_\_\_\_

Do you have an awareness of the effects of Alzheimer's disease or related dementias? If yes, please describe.	Yes	No
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Have you ever worked with people who have Alzheimer's disease or related dementias? If yes, please describe.	Yes	No
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Have you ever been involved with other volunteer services? If yes, please list the agency, type of work done and when you were involved.	Yes	No
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Is there a specific volunteer position you are interested in?

<input type="checkbox"/> Day Away	<input type="checkbox"/> Awareness	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Day Away Cook	<input type="checkbox"/> Administration / Office Assistance	<input type="checkbox"/> Coordinating Events
<input type="checkbox"/> Handy Person	<input type="checkbox"/> Education / Awareness	<input type="checkbox"/> Event participation

What is your educational background? Please describe the program, institution you attended or attending and year completed:  
 \_\_\_\_\_

Do you have other education experiences? (Projects, Training, Research)  
 \_\_\_\_\_

Please describe your hobbies, special skills and interest. (play musical instrument, sing, enjoy gardening, crafty, artistic)  
 \_\_\_\_\_

Are there any other languages other than English that you fluently speak or write?  
 \_\_\_\_\_

What time/days are you available?

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Flexible
Mornings								
Afternoon								

Frequency	1 x week	2/3 x week	1 x month	Daily	How many hours would you like to come in at one time?
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\_\_\_\_\_

## REFERENCES

Name

Phone

How do you know this person?

Name

Phone

Email

How do you know this person?

I give permission to the Alzheimer Society of Windsor & Essex County  
to contact my references in regard to my volunteer application.

All of the information that I have submitted on this form is true and correct.

I acknowledge that all information submitted on this application will be considered confidential.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



Alzheimer Society of Windsor & Essex County, 2135 Richmond Street, Windsor Ontario, ON N8Y 0A1

519-974-2220 ext 237

alzheimerwindsor.com

### **MISSION STATEMENT**

***To alleviate the personal and social consequences of Alzheimer's disease and other dementials.***