

Alzheimer *Society*

VOLUNTEER ENROLMENT FORM

Name: _____

Address: _____

Phone: _____

Email: _____

Skills and Interests:

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

Is there a particular type of volunteer work that you are interested in? (Please check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Participating in the Coffee Break Campaign (September) | <input type="checkbox"/> Facilitating a Support Group |
| <input type="checkbox"/> Canvassing for the Door to Door Campaign | <input type="checkbox"/> Doing Public Speaking |
| <input type="checkbox"/> Working on the Walk for Memories Committee | <input type="checkbox"/> Helping in the office |
| <input type="checkbox"/> Working on the Golf Tournament | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Serving on the Board of Directors | <input type="checkbox"/> Word Processing (brochures) |
| <input type="checkbox"/> Serving on a committee: | <input type="checkbox"/> Teaching the Children's Program |
| ___ Education & Family Support | <input type="checkbox"/> Working the day of events (walk registration, public displays) |
| ___ Fundraising | <input type="checkbox"/> Telephone Tree |
| ___ Public Policy | <input type="checkbox"/> Delivery and/or pick-up |
| ___ Children's Program | <input type="checkbox"/> Stuffing Envelopes or Newsletter preparation |
| ___ Celebration of Art & Memories | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Working in the Art Program | |

Availability

At what times are you available for volunteering?:

- | | |
|--|--|
| <input type="checkbox"/> I am flexible | <input type="checkbox"/> Afternoons (specify which days) |
| <input type="checkbox"/> Weekends | _____ |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Times when I am not available |
| <input type="checkbox"/> Mornings (specify which days) | _____ |
| _____ | |

Personal Information

What made you decide to contact the Alzheimer Society: _____

What do you hope to gain from volunteering at the Alzheimer Society?: _____

How comfortable are you with your knowledge of Alzheimer Disease?: (please circle)

Very Comfortable

Comfortable

Not Very Comfortable

Do you feel that you would benefit from further information about the Disease? **Yes** **No**

If yes, please list the area of information that you would like to learn more about (ie.

Communication, physical changes, behavioral changes, research, etc.) _____

Please describe any experience you have had with people with Alzheimer Disease: _____

Sometimes people who deal with Alzheimer Disease find that other people say that they should not bother doing things because the person with Alzheimer Disease will not remember it anyway.

What are your thoughts on this statement? _____

References

Names and phone numbers of two personal references (other than family members)

Name: _____ Phone: _____

Name: _____ Phone: _____

I give my permission to contact the above references in regard to my application to volunteer.

Signature: _____ Date: _____

Thank you for your interest and support.

**After completing this form, please deliver, fax or mail to your local
Alzheimer Society to the attention of Volunteer Coordinator.**

Alzheimer Society of Belleville-Hastings-Quinte

470 Dundas St. E.
Belleville, ON K8N 1G1
Tel: (613)962-0892
Fax: (613)962-1225

Alzheimer Society of Kingston

Rideaucrest Home, Lower Level
175 Rideau St., Ste. 201
Kingston, ON K7K 3H6
Tel: (613)544-3078
Fax: (613)544-6320

Alzheimer Society of Lanark County

115 Christie Lake Rd
Perth, ON K7H 3C6
Tel: (613)264-0307
Fax: (613)264-8430

Alzheimer Society of Leeds-Grenville

P.O. Box 1836
Brockville, ON K6V 6K9
Tel: (613)345-7392
Fax: (613)345-3186

Alzheimer Society of Prince Edward County

90 King St.
Picton, ON K0K 2T0
Tel: (613)476-2085
Fax: (613)476-1537