

**ALZHEIMER'S ASSOCIATION, GA CHAPTER
VOLUNTEER APPLICATION**

NAME: _____ DATE: _____

PHONE #'S: (Please place an asterisk * by the number you prefer that we call.)

HOME (____) _____ WORK (____) _____ CELL (____) _____

E-MAIL ADDRESS: _____

ADDRESS: _____
Street City State Zip Code + 4

Has Alzheimer's Disease touched your life? If yes, please tell us how: _____

Have you ever been a full-time caregiver **for a family member**? ____ YES ____ NO

Would you be willing to speak about your experience either with media or in public talks to various groups?

____ YES ____ NO ____ MAYBE—with assistance

WORK EXPERIENCE: Briefly share with us a little about your work experience—we're looking for transferable skills that we might put to use (we are always coming up with new fundraising and service opportunities, and would like to have a skills bank from whom to make requests).

WORK JOB TITLE	WORK RESPONSIBILITIES	# YEARS OF EXPERIENCE

If any of the above-listed work is as a professional in a business or agency for whom we might make a referral, please place an asterisk by that "Job Title."

VOLUNTEER EXPERIENCE: Briefly share with us a little about your volunteer experience—often, we don't think of volunteer responsibilities as possible skills development—but you may have experience in an area that perfectly fits a need we now have or to fit an opportunity that has only just begun to take shape.

VOLUNTEER JOB TITLE	VOLUNTEER RESPONSIBILITIES	# YEARS OF EXPERIENCE

Please list below any hobbies or special interests that you have:

Do you belong to any professional, civic, or social organizations, clubs from whom we might also seek volunteers, place information, or provide trainings about Alzheimer's disease? If yes, please list below.

Do you have **computer skills**? YES NO **Word**: YES NO; **Excel**: YES NO

Please check below any of the areas in which you think you might be interested in volunteering:

Administration and Organization (filing, assisting/filling in for receptionist/answering telephones, putting packets together, working on mailouts, making phone calls)

Advocacy—becoming a part of our grassroots network to get the word out about public policy and legislative items—joining an e-mail, mail, or telephone tree to help spur volunteers, caregivers, and friends to action

Communications—assist communications director with writing copy, graphic design, media contacts, etc.

Database Entry—entering various information into Chapter databases

Health Fairs/Information Fairs (booths)—to serve as the Association's representative to community, business, or public health or information fairs where raising awareness about the disease and the Chapter's services is important—man the booth, hand out materials, answer questions about the disease and the Chapter services

Healthy Brain Champion—members of the African American community who volunteer to promote the Healthy Brain Initiative and general brain health awareness; Champions are trained, learn about the science of the brain, the relationship between healthy brain and risks, and how to spread the word about information learned at training.

Helpline Specialist—to man the Chapter's Helpline, answering calls from family and professional caregivers about resources and services available to them/empathic listening (at Chapter office)

Special Events/Development Volunteer—working with the Chapter's many special events such as **Memory Walk, An Affair to Remember, Motorcycle Rides, Golf Tournaments**—various functions to help the event in its goal of public awareness and fundraising (event-driven)

Memory Walk: Chastain NW Metro/Kennesaw State John's Creek/Gwinnett

Speaker's Bureau—representing the Chapter at various businesses, groups, civic organizations, churches, meetings, and other events—speaking about the disease, its stages, behaviors, resources, and Chapter services (called upon as speaking opportunities arise)

Please indicate below the dates/times you might be available to volunteer, so that as we receive requests, we can more efficiently call to request your help:

On Monday – Friday, I can work the following hours: _____ - _____ on _____
Time(s) Available (Day/Days Available)

I can only work: evenings, after 5:00 p.m. Weekends

Ask me about any time you need me—I'll see what I can arrange I am often available on short notice

Is there a specific time frame in which you must complete your volunteer work? YES NO

If yes, how many hours must you complete by what date? _____ Hours by _____

Foreign Language: I can: Speak; Write: _____
(Specify Foreign Language)

Reasonable Accommodations/Limitations/Restrictions:

If you need a reasonable accommodation or if you have any lifting (weight limitations) or other types of restrictions/limitations that we need to be aware of in making volunteer assignments, please indicate those limitations here:
