

alzheimer's association™

435 E. Henrietta Road, Rochester, NY 14620 – Kelly Harris – kharris@alz.org or 585 760 5405

Volunteer Application

Applicant's Name _____ Date _____

Mailing Address _____ Zip _____

Is address home or work? _____ E-mail Address _____

Phone (H) _____ (W) _____

Emergency Contact Name and Phone # _____

How did you hear of our agency? _____

Present Employer (Retired _____) _____ Job Title _____

Have you had any experience with people with dementia? () Yes () No

If yes, please describe _____

Please check areas you are interested in, listing 1st, 2nd and 3rd choices if more than one interest:

[] **Advocacy Volunteer:** Work with staff of the Alzheimer's Association on legislative priority issues.

Special Projects: [] Photography/Videography [] Health Fairs [] Office Support [] Memory Gardens

Special Events: [] Walk to End Alzheimer's [] The Longest Day

Support Group Facilitator: [] Monthly Meetings

Other volunteer areas of interests _____

****Depending on volunteer position, personal or professional references may be requested.**

General Availability: Please check times that you would generally be available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

Signature _____

Date _____