

3001 Knox Street, Suite 200
 Dallas, TX 75205
 Toll Free: 1.800.272.3900
www.AlzDallas.org

VOLUNTEER APPLICATION

Volunteer information is confidential and contains items that only have direct bearing on volunteering for the Alzheimer's Association. If you have any questions regarding this application, please contact us at 214-540-2400.

Name: _____
(Last) (First) (M.I.)

Maiden Name: _____ Other Names Used _____

Home Address: _____
(Street) (Apt. #)

Home Phone: _____ Work Phone: _____
(City) (State) (Zip Code)

Cell Phone: _____ Fax Number: _____

E-mail address: _____

Date of Birth: ____/____/____ (Required for Support Group Facilitators & Helpline Specialists)

Employer: _____

Occupation/Title: _____

Preferred Mailing Address:
 ___ Home Address
 ___ Work Address
 ___ Support Group Address

Address: _____
(Street) (City) (State) (Zip Code)

Does your company offer a matching fund or company contribution for your volunteer service: YES NO
 If yes, who is the contact person? Name _____ Phone _____

Are you a member of any church, religious or civic organization (i.e. AARP, Rotary, etc.)? If so, which one?

If you are a member of a church, please indicate religion: _____

Some of our volunteer opportunities require you to make a one-year commitment, are you able to do that? YES NO

In case of emergency please contact: _____

Emergency Contact Phone: _____
(Home) (Work) (Cell)

Emergency Contact Address: _____
(Street) (City) (State) (Zip Code)

Please list any physical limitations or conditions we need to be aware of in case of an emergency:

Are you volunteering to fulfill a school requirement? YES NO
 If yes, how many hours are you required to complete? _____ By When? ____/____/____
 What School? _____

Please note why you are interested in volunteering for the Alzheimer's Association: _____

Please list any special skills or talents that you would like to utilize as a volunteer. Example: speaking, computer skills, fundraising, education, handy man, etc.

Have you ever been arrested or convicted of any criminal or felony offense? YES NO

If yes, please explain: _____

Have you ever been charged with an offense outside the state of Texas? YES NO

If yes, please explain: _____

The following information is not required, but would help the Alzheimer's Association when applying for certain grants:

1. Sex:

- Male
- Female

2. Ethnicity:

- Caucasian African American Hispanic/Latino
- Asian Native American Other _____

3. How did you learn about our volunteer program? (Please check all that apply)

- Alzheimer's Association Website Newspaper Another Alzheimer's Association Volunteer
- Internet Radio School
- Television Speaker Volunteer Center of North Texas
- Volunteer Match.Com Other: _____

4. Do you speak a language other than English? _____

What language? _____

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Alzheimer's Association, Greater Dallas Chapter.

Signature of Applicant

Date

The Alzheimer's Association, Greater Dallas Chapter does not discriminate in employment practice or volunteer recruitment on the basis of race, color, religion, sex, age, disability or national origin.

Volunteer Opportunities

Please put a check mark by the volunteer opportunities that interest you

- Administrative Work** – Help with office activities such as answering the phone, stuffing envelopes, folding letters, etc.
- Community Ambassador** –Reach out to health care providers, civic organizations, community leaders, business and schools to inform the public of available services and opportunities for involvement.
- Health Fairs** – Increase awareness of the Alzheimer’s Association by attending health fairs to staff a booth, provide handout information and interact one on one with members of the community.
- Helpline Specialist** – Provide information and referral to patients, caregivers and professional providers via the phone. Requires interview with Helpline/Resource Coordinator, and you must be available to work a 3 hour shift each week.
- Public Policy** – Be involved with public policy issues by attending legislative hearings and participating in meetings with legislators in your local community as well as in Austin and Washington, D.C.
- Speaker’s Bureau** – The Chapter provides speakers for presentations on various aspects of Alzheimer’s disease. If you have good presentation skills and enjoy speaking to groups, this could be for you!
- Special Events** – (1) Be on a committee for a special event and help the Chapter raise the funds it needs in order to serve the community, or (2) volunteer the day of the event.
- Support Group Facilitator** - Hold meetings to provide emotional support and information sharing for family members and caregivers. A one-year commitment is requested.

Where will you facilitate the support group?

Meeting Location

Street Address

City

State

Zip Code

Meeting Day of the Week

Time

Special Instructions



Background Verification Release Form

AGENCY INFORMATION

Form with fields: Date, Agency Name (Alzheimer's Association, Greater Dallas Chapter), Contact Name (Angela M Hodges), Agency's Main Phone Number (214-540-2400), Agency's Fax Number (214-827-2064)

APPLICANT INFORMATION:

Form with fields: Applicant Full Name (Last, First, MI), Maiden or Other Name(s) Used, Current Address, City, State, Zip Code, County, Social Security Number, Date of Birth, Driver's License Number, State Issued, Position Applied For, Gender (Male/Female), Race (African American, American Indian, Anglo, Asian, Hispanic, Other)

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Signature lines for Applicant's Signature and Applicant's Printed Name

Signature lines for Date and Parent/Guardian's Signature (if under 18 years of age)



**Area Agency on Aging of North Central Texas
Acknowledgement of Responsibility for Reporting Abuse, Neglect and Exploitation and
Reasonably Suspicion of a Crime.**

Reporting Abuse and Neglect

Texas law requires any person who believes that a child or person 65 years or older or an adult with disabilities is being abused, neglected, or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline. A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Any person who suspects abuse and does not report it can be held liable for a Class-A misdemeanor.

For life threatening or emergency situations, call your local law enforcement agency or 911 immediately, and then make a report to DFPS.

There are two resources for reporting abuse, neglect and exploitation. One resource to report perpetrators who are paid providers and one to report perpetrators who are not paid providers

Texas Department of Family and Protective Services

If a client is being subjected to abuse, neglect or exploitation by someone who is not a paid provider, contact the Texas Department of Family and Protective Services

By Phone: Call the Abuse Hotline, 24 hours a day, 7 days a week, toll-free **1-800-252-5400** from anywhere in the US to report abuse or neglect that occurred in Texas.

By Secure Internet Website: From your internet browser, go to <https://www.txabusehotline.org>.

Texas Department of Aging and Disability Services

If a client is being subjected to abuse, neglect or exploitation by someone who is not a paid provider, contact the Texas Department of Aging and Disability Services at **1-800-458-9858**.

I acknowledge my responsibility as an employee, contract employee, vendor or volunteer of a DADS service agency to report reasonable suspicion of a crime against an individual. I understand that I should report any incident that I suspect may be a crime even if I am not sure. I realize that if I fail to report as required, I may be subject to civil money penalties and/or barred from participation in any federal health care program.

Employee, Contract Employee, Vendor or Volunteer Name (Printed/ Signature)

Agency

Date

www.alz.org

National Office
225 N. Michigan Ave., Fl. 17
Chicago, IL 60601-7633

312 335 8700 phone
800 272 3900 toll free
866 699 1246 facsimile
info@alz.org e-mail



Consent and Release Form

I, _____, hereby grant the Alzheimer's Disease and Related Disorders Association ("Alzheimer's Association") permission to take my photograph, record my voice, and shoot film/video footage of me (the "Images and Recordings"). I hereby grant to Alzheimer's Association the irrevocable right to use the Images and Recordings in Alzheimer's Association educational, informational and promotional efforts, including distribution to the news media. I understand that my signature on this form signifies my consent to grant these rights. I also hereby grant the Alzheimer's Association and those acting within its authority the unqualified right to reproduce, copyright, publish, circulate or otherwise use the Images and Recordings.

This consent and release covers the use of the Images and Images and Recordings in any form (whether now known or later invented), including print, broadcast and online use, and any media of advertising, publicity or trade in any part of the world for an unlimited period of time. I shall have no claim with respect to the use of the Images and Recordings (including, without limitation, claims for compensation of any kind or royalties or any claim of defamation or violation of rights of privacy or publicity). I hold the Alzheimer's Association free and harmless from any and all claims and liability arising out of or in connection with the use of the Images and Recordings.

I also agree that I may be identified by name, and I fully understand that this is a complete release of all claims against the Alzheimer's Association, or any other person, firm or corporation by reason of any such use of the Images and Recordings.

I certify that I am 18 years of age or over and represent that I am able to grant the foregoing rights.

Signature

Date

Name (please print)

Address

(City, State, Zip)

Phone

the compassion to care, the leadership to conquer

Volunteer Agreement

VOLUNTEER POLICIES STATEMENT

I have received a copy of the Alzheimer's Association, Greater Dallas Chapter Volunteer Handbook, which includes the Volunteer Policies and Procedures, and have read, understand, and agree to abide by the Handbook and procedures.

THE VOLUNTEER CODE

AS A VOLUNTEER I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential.

I interpret "Volunteer" to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to the same standards the paid staff follow to do their work.

I promise to take to my work an attitude of open-mindedness, to be willing to be trained for it, and to bring it interest and attention.

I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code to be followed carefully and cheerfully.

VOLUNTEER CONFIDENTIALITY STATEMENT

All information contained in Chapter files/records is confidential. This includes client information, donor records, mailing lists and employee records. Release of information other than by law may only be done with the permission of the Executive Director, who is the designee of the Board of Directors.

As a volunteer of the Alzheimer's Association, Greater Dallas Chapter, I will respect the confidentiality of all information gained in the course of my work.

I have read, understand and agree to abide by this Volunteer Agreement statement.

Signature

Date

Volunteer Conflict of Interest Policy

Volunteers ("Volunteers") must act at all times in the best interests of the national office of the Alzheimer's Association (individually, "National") and the Alzheimer's Association Dallas Chapter (individually, "Chapter") (collectively, "Association"). Volunteers shall disclose all potential and actual conflicts of interest to the Chapter and, as required, remove themselves from all volunteer opportunities. Specifically, Volunteers shall:

- Not place self-interest or the interest of a third party above the interests of the Chapter or National, and not give the appearance of placing self-interest or the interests of a third party above the interests of the Chapter or National (e.g., the development of personal or other professional relationships with group members);
- Refrain from using the Chapter's staff, services, equipment, materials, resources, or property for personal or third-party gain, and from representing to third parties that authority as a Volunteer extends any further than that which it actually extends;
- Not engage in any outside business, professional conduct, or other activities that may be directly or indirectly adverse to the interests of the Association;
- Not solicit or accept gifts, gratuities, free travel, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment with respect to matters pertaining to the Chapter or National without fully disclosing such an exchange to the Chapter;
- Provide goods or services to the Chapter or National as a paid vendor to the Chapter or National only after full disclosure to, and advance approval by the Chapter, and pursuant to any related procedures adopted by the Chapter;
- Not persuade any employee of the Chapter to leave the employ of the Chapter or to become employed by any person or entity other than the Chapter or National; and
- Not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship with the Chapter or National to terminate, curtail, or not enter into its relationship with the Chapter or National, or to reduce any benefit that may be provided to the Chapter or National with respect to such relationship.

This policy shall apply to volunteers, support group Volunteers, and all other agents of the Chapter, but shall also apply to all members of the Chapter's committees, task forces, and others in the Chapter governance structure, as well as to the Chapter's key employees. On an annual basis, all individuals to whom this policy shall apply shall be provided with a copy of this policy and required to complete and sign an acknowledgement and disclosure form prepared by the Chapter.

Acknowledgement and Disclosure Form

I have read the Alzheimer's Association Dallas Chapter ("Chapter") Volunteer Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a Chapter Volunteer. If I become aware of any actual or potential conflicts of interest at any time following the submission of this form, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the appropriate Chapter representative in writing.

Disclosure of actual or potential conflict(s) of interest:

Do you receive compensation as an officer, director, committee member, task force member, or key employee of the Chapter? Yes No

Other than reimbursement of reasonable expenses, have you received or do you expect to receive more than \$10,000 per year from the Chapter for services provided as an independent contractor? Yes No

Have you received or do you expect to receive any material financial benefit from the Chapter or from group members and/or their families in addition or apart from the benefits described in the above inquiries? Yes No

Do you or any of your family members receive compensation or material financial benefit from the Chapter? Yes No

Do you have a family relationship or business relationship with any current or former officer, director, or key employee of the Chapter?¹ Yes No

If you answered "Yes" to any of the above, please explain in a separate statement.

Volunteer Signature	Volunteer Printed Name	Date
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¹ This question does not apply to attorney-client or doctor-patient relationships, nor does it apply to relationships with clergy members.