alzheimer's association®

Desert Southwest Chapter

340 East Palm Lane, Suite 230
Phoenix, AZ 85004
602.528.0545
alz.org/dsw

Name: _____ Date: _____

Volunteer Application

Thank you for your interest in volunteering with the Alzheimer's Association® Desert Southwest Chapter! Please answer the following questions to the best of your ability so that we can best match you with our volunteer opportunities. All information collected by the Desert Southwest Chapter is **kept strictly confidential**. We will **never** sell, trade, share or rent your personal information to any other third parties without your prior consent.

Contact Information

name _____ date completed _____

address _____ birthdate _____

city _____ state _____ zip _____ email _____

phone (home) _____ phone (mobile) _____

How did you hear about us?

- ☐ alz assoc program
- ☐ church / faith org
- ☐ community org
- ☐ friend / relative
- ☐ health professional
- ☐ internet
- ☐ magazine
- ☐ mass transit ad
- ☐ newspaper
- ☐ phone book
- ☐ radio
- ☐ self
- ☐ sign / billboard
- ☐ television
- ☐ other: _____

Previous Experience

Education / work experience:

Do you have previous training experience in:

- ☐ clerical
- ☐ communication
- ☐ computers
- ☐ counseling
- ☐ crisis intervention
- ☐ education
- ☐ fundraising
- ☐ law
- ☐ social services
- ☐ web programming

Other skills / training:

Do you speak languages other than English? (please list)

Previous volunteer experience:

Hobbies / personal interests:

Volunteering Information

Why are you interested in volunteering with the Alzheimer's Association?

What Alzheimer's Association job(s) are you most interested in:

- ☐ Advocacy / Public Policy
- ☐ Clerical / Office
- ☐ Community Education
- ☐ Cultural Outreach
- ☐ Development
- ☐ Health Fairs
- ☐ Internet Projects
- ☐ Mailings
- ☐ Outreach Ambassador
- ☐ Planning Committees
- ☐ Speakers Bureau
- ☐ Special Events
- ☐ Support Group Facilitator
- ☐ Telephone Helpline
- ☐ Walk to End Alzheimer's
- ☐ Other: _____

What days and times are you available to do volunteer work:

- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekends
- ☐ On Call
- ☐ Other: _____

Do you require any special accommodations to perform your volunteer duties?

References (non relatives)

name | address | city | state | zip | daytime phone

name | address | city | state | zip | daytime phone

Emergency Contact

name | address | city | state | zip

home phone | work or other phone | relationship to you

Optional Emergency Information

medical insurance provider | id # | blood type

allergies

medications

signature | date