

California Southland Chapter

9606 S. Santa Monica Blvd., Suite 200 Beverly Hills, CA 90210

Volunteer Application

It is the policy of this company to provide equal volunteer opportunities to all qualified persons without regard to race, religion, creed, color, national origin, gender, marital status, veteran status, sexual orientation, disability, age, genetic information or any other factor protected by federal, state and local laws as well as other applicable government regulations and execution orders.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

Background Information

First Name

Middle Initial

Last Name

Current Address

Street and Apt. #

City

State

Zip Code

Telephone

Email

Permanent Address

Street and Apt. #

City

State

Zip Code

Telephone

Email

Have you ever been convicted of a felony? You may exclude convictions for which the record has been judicially ordered sealed, dismissed, expunged or statutorily eradicated. A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered.

☐ Yes ☐ No

If yes, please explain:

Present or Most Recent Employer

Employer:

Address

Street

City

State

Zip Code

Telephone

Your Position

Duties

Dates of Employment to

May we contact your supervisor ☐ Yes ☐ No

Name

Title

Email

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Volunteer Experience

Organization

Address

Street

City

State

Zip Code

Telephone

Volunteer Duties

Volunteer Position Apply For (please check):

☐ Educational Presenter ☐ Support Group Fundraiser ☐ Early Stage Engagement Facilitator

☐ Advocate ☐ Fundraising/Events ☐ Office Support ☐ Other:

Please indicate the hours you would be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Length of volunteer commitment:

Total number of hours per week you'd like to volunteer:

Desired Start Date:

Please let us know why you are interested in being an Alzheimer's Association volunteer:

What experiences have you had that may prepare you to work as a volunteer in the field of Alzheimer's disease or gerontology?

Please list all computer software applications, trainings, language proficiencies or skills you possess:

Is volunteering part of an academic requirement? ☐ Yes ☐ No

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Education, Professional Licenses/Certifications and Trainings

School:

Address

Street

City

State

Zip Code

Years Completed

Major/Minor

☐ Degree Recieved

☐ Diploma ☐ GED ☐ Certification ☐ Other

School:

Address

Street

City

State

Zip Code

Years Completed

Major/Minor

☐ Degree Recieved

☐ Diploma ☐ GED ☐ Certification ☐ Other

References

List three business/work references who are not related to you. If not applicable, list three school or personal references that are not related to you.

Name	Title	Phone	Email	Number of Years Known
------	-------	-------	-------	-----------------------

Name	Title	Phone	Email	Number of Years Known
------	-------	-------	-------	-----------------------

Name	Title	Phone	Email	Number of Years Known
------	-------	-------	-------	-----------------------

I understand that this is an application for and not a commitment or promise of a volunteer position.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge, and I authorize the investigation of all statements contained within this volunteer application that may be necessary in arriving at a decision for a volunteer position. I understand that misrepresentations or omission may be cause for my immediate rejection as an applicant for a volunteer position with the Alzheimer's Association or my termination as a volunteer.

Please review the information above before signing this application.

☐ **Electronic Signature**

Date: _____

Applicant Signature: _____ **Date:** _____