

Name: _____

Address:	City:	Postal Code:
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Email:	Home phone:	Cell Phone:
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May we call you at work? YES NO	Work Phone:	Birthday (Day & Month)
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Occupation	Date:
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How did you hear about the Alzheimer Society Windsor - Essex County?

Why do you wish to volunteer for the Alzheimer Society?

Do you have an awareness of the effects of Alzheimer disease or related dementias? If yes, please describe.	Yes	No
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Have you ever worked with people who have Alzheimer disease or related dementias? If yes, please describe.	Yes	No
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Have you ever been involved with other volunteer services? If yes, please list the agency, type of work done and when you were involved.	Yes	No
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Is there a specific volunteer position you are interested in?

<input type="checkbox"/> Day Away	<input type="checkbox"/> Volunteer Companion Program VCP	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Day Away Driver	<input type="checkbox"/> Administration / Office Assistance	<input type="checkbox"/> Coordinating Events
<input type="checkbox"/> Day Away Cook	<input type="checkbox"/> Education / Awareness	<input type="checkbox"/> Event participation
<input type="checkbox"/> Handy Person	<input type="checkbox"/> Awareness	<input type="checkbox"/> Other:

What is your educational background? Please describe the program, institution you attended or attending and year completed:

Do you have other education experiences? (Projects, Training, Research)

Please describe your hobbies, special skills and interest. (play musical instrument, sing, enjoy gardening, crafty, artistic)

What languages other than English do you speak or write?

What time/days are you available? Volunteer hours for the V.C.P. program are weekdays 8:00 a.m. till 6:00 p.m.

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Flexible
Mornings								
Afternoon								

Frequency 1 x week 2/3 x week 1 x month Daily How many hours would you like to come in at one time?

IF YOU ARE INTERESTED IN THE VOLUNTEER COMPANION PROGRAM - V.C.P. PLEASE FILL OUT THE FOLLOWING.

Do you have any allergies or sensitivities that would prevent you from going into someone's home?

Circle those that apply.

Pets Scents Cigarette Smoke Other: None

Any other considerations for us to keep in mind?

Do you prefer to be matched with: A Man A Women No Preference

How will you get to your match's home? Car Bus Walk Other:

Are you willing to drive out of your community to visit someone in a neighbouring town? Yes No

If yes, how far would you be willing to go? Anywhere in Essex County.

Are you able to commit to at least two hours every week at a regular time? Yes No

Are you able to commit to at least six months of volunteering with the VCP Program? Yes No

Are you willing to attend ongoing training sessions? Yes No

REFERENCES

Name	Phone	Other Phone
Address	City	Postal Code

How do you know this person?

Name	Phone	Other Phone
Address	City	Postal Code

How do you know this person?

I give permission to the Alzheimer Society of Windsor - Essex County to contact my references in regard to my volunteer application.

All of the information that I have submitted on this form is true and correct.

I acknowledge that all information submitted on this application will be considered confidential.



Volunteer Signature

Date

The Alzheimer Society Windsor Essex County, 2135 Richmond Street, Windsor Ontario, ON N8Y 0A1
519-974-2220 ext 237 Fax 519-974-9727 - website www.alzheimerwindsor.com
Contact, Peggy Winch, Vounteer Coordinator - pwinch@aswecare.com

MISSION STATEMENT

To alleviate the personal and social consequences of Alzheimer's disease and other dementials.

Office Use

Date received		Interview date
Contact History	Date	Result
	Date	Result
	Date	Result