

# Société Alzheimer Society



Windsor - Essex County  
2135 Richmond Street, Windsor, ON N8Y 0A1  
Website: [www.alzheimerwindsor.com](http://www.alzheimerwindsor.com)  
519-974-2220 Ext 228 Fax (519) 974-9727  
Email: [nmanroe@aswecare.com](mailto:nmanroe@aswecare.com)

## Volunteer Application Form

### MISSION STATEMENT

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

Name \_\_\_\_\_ Mrs / Mr / Ms / Other: \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City/Township \_\_\_\_\_ (Bus) \_\_\_\_\_  
Postal Code \_\_\_\_\_ (Other) \_\_\_\_\_  
Birthday (month/day only) \_\_\_\_\_  
How did you hear about the Alzheimer Society? \_\_\_\_\_

Do you have previous experience or education on Alzheimer Disease?  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered before? Yes  No

If yes, which organization did you volunteer for? What was your role?  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to volunteer for the Alzheimer Society?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any related skills or hobbies?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any related work experience?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any specific volunteer position you're interested in? Please check

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Day Away Program      | <input type="checkbox"/> Events                | <input type="checkbox"/> Education                     |
| <input type="checkbox"/> Friendly Visitor      | <input type="checkbox"/> Van Driver            | <input type="checkbox"/> Coordinating Events           |
| <input type="checkbox"/> Bingo                 | <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Handy Person                  |
| <input type="checkbox"/> Fundraising ng/Events | <input type="checkbox"/> Awareness             | <input type="checkbox"/> Day Away Cook (New)           |
|  |  | <input type="checkbox"/> Volunteer Coordinator - (New) |





*Alzheimer Society Windsor Essex Volunteer Application Form Continued*

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

\_\_\_\_\_

\_\_\_\_\_

Do you have other education experience? (such as projects, training or research)

\_\_\_\_\_

In effort to help our clients and community: Do you speak any other languages?

\_\_\_\_\_

Please check the type of commitment you prefer

Long Term        Short Term        Either/Flexible   

Please circle the days you wish to volunteer and the times best suitable for you or check flexible if you prefer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Flexible	<input type="checkbox"/>
From									
To									

Have you been convicted of any criminal offenses that have not been pardoned?      Yes  No

**References**

Please include references that are not family members

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

I give my permission to contact the above references with regard to my application to volunteer

\_\_\_\_\_

*Signature*

*Date*

*We appreciate your interest and support, Thank you!*