

### Volunteer Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ (primary) \_\_\_\_\_ (alternative)

Email: \_\_\_\_\_

Please list two Emergency Contacts, including relationship and phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

I am interested in volunteering with the Alzheimer's Association because:

\_\_\_\_\_  
*(e.g., I am the relative of a person with Alzheimer's; I work with people with Alzheimer's and/or their families, etc.)*

What knowledge and/or exposure do you have with the disease?

\_\_\_\_\_

What would you like to get from this volunteer experience?

\_\_\_\_\_

List your work/professional and volunteer experience below. (Please feel free to attach a current resume.)

**Work/Professional Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

**Please let us know about any special interests or skills:** (i.e., computers, writing, fundraising, finance, event planning, database, office support, answering phones, etc.)

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**Are you proficient in other languages?** Yes \_\_\_\_ No \_\_\_\_

**If yes, please indicate language and if you are able to write in that language:**

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**Please list two personal references, including relationship, address and phone number:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What kind of time commitment are you planning to make if your application is accepted?**

Total number of hours per week you would like to volunteer: \_\_\_\_\_

Length of volunteer commitment (i.e. 3 months, 6 months, etc) \_\_\_\_\_

Desired starting date: \_\_\_\_\_

**Indicate what hours you would be available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

**Documentation:**

Is your volunteering part of an academic requirement? Yes \_\_\_\_ No \_\_\_\_

Will you require documentation of your volunteer experience? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain or attach any required documentation forms:

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Is your volunteering part of a community service requirement? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Name: \_\_\_\_\_

**I am interested in learning more about the following opportunities (Please circle or check):**

- |                                |                             |
|--------------------------------|-----------------------------|
| Helpline-Call Specialist       | Fund Raising/Special Events |
| Public Awareness and Promotion | Community Advocate          |
| Educational Presenter          | Office Support              |
| Support Group Facilitator      | Speaker's Bureau            |
| Other (please indicate): _____ |                             |

The Alzheimer's Association, Michigan Great Lakes Chapter offers equal opportunity to all, based upon individual merit and without regard to race, color, religion, national origin, sex, age, sexual orientation, height, weight, marital status or disability which, if needing accommodation, may be reasonably accommodated as required by state law.

To the best of my knowledge, all information on this application is true. I understand that there is no employer/employee relationship and that as a volunteer I am not entitled to compensation or fringe benefits of any kind for my voluntary services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return this application to:** The nearest office or [lori.ezrow@alz.org](mailto:lori.ezrow@alz.org)

	<b>South Central Region</b>	<b>Southwest Region</b>	<b>West Shore Region</b>	<b>Capital Area Region</b>
800.272.3900 Helpline	310 N. Main St. Suite 100 Chelsea, MI 48118	350 E. Michigan Ave., Suite 20 Kalamazoo, MI 49007	1740 Village Dr. Suite 336 Muskegon, MI 49442	5303 S. Cedar St. Bldg. 1 Lansing, MI 48911
www.alz.org	800.840.2210 734.475.7043 – p 734.475.7089 – f	269.342.1482 – p 269.488.6322 – f	231.780.1922 – p 231.780.1494 – f	517.999.3004 – p 517.999.3358 – f
Counties:	Branch Hillsdale Lenawee Livingston Monroe Washtenaw	Allegan Berrien Cass Kalamazoo Saint Joseph Van Buren	Lake Mason Muskegon Newaygo Oceana	Barry Calhoun Clinton Eaton Ingham Jackson

**Thank you for your interest in supporting the Alzheimer's Association!**