



VOLUNTEER APPLICATION FORM

Name: _____ Tel:(h) _____

Address: _____

Skills, Experience, Interests

Present/previous employment, community or volunteer involvement:

Other skills, experience and special interest:

EDUCATION

Please give a brief outline of your educational background:

AVAILABILITY

Please indicate your availability

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekends



Why are you interested in volunteering for the Alzheimer Society of Cambridge?

What do you hope to gain from your volunteer experience here?

How did you hear about the Alzheimer Society?

REFERENCES (other than family members)

Name: _____

Address: _____

Telephone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Telephone: _____

Relationship to Applicant: _____



POLICE CHECK / BONDABLE

A police check may be required; it depends upon the type of volunteer experience you are interested in. Would this cause you any difficulty?

Are you bondable? _____

DECLARATION

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

Signature: _____ Date: _____
(mm/dd/yyyy)

I, _____, authorize The Alzheimer Society of Cambridge to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant personnel within the organization, appropriate to the volunteer position.

Signature: _____
Date: _____