

Alzheimer Society

LONDON AND MIDDLESEX™

VOLUNTEER APPLICATION FORM

Please complete the following document and fax it to the **Volunteer Coordinator at 519-680-2864**.

Name: _____

Address: _____

Telephone number: _____ Email address: _____

Emergency contact: _____ Telephone: _____

Current Employer/School/Organization: _____

I am currently: employed full-time employed part-time a student retired

What areas of volunteering are you most interested in?

- | | |
|--|--|
| <input type="checkbox"/> Public Education Program | <input type="checkbox"/> Our Garden Club |
| <input type="checkbox"/> Displays | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Food for Thought | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Generation Link | <input type="checkbox"/> Administrative Duties |
| <input type="checkbox"/> Volunteer Companion Program | <input type="checkbox"/> Other |

REFERENCES

#1 Name: _____

Telephone: _____ Email: _____

#2 Name: _____

Telephone: _____ Email: _____

Authorization and Release

Any information received during my volunteer period will be kept confidential in compliance with the guidelines of the Freedom of Information and Protection Act.

I also understand that the information I have provided in this application to volunteer may be verified by Alzheimer Society London and Middlesex™. I hereby grant permission to Alzheimer Society London and Middlesex™ to contact any persons who might be able to verify the information.

Signature: _____ Date: _____