

Alzheimer *Society*

L O N D O N A N D M I D D L E S E X

Volunteer Application

Last Name: _____ First name: _____

Phone: Home _____ Bus. _____ Cellular: _____

Address: _____ Email: _____

City _____ Province _____ Postal Code _____

Emergency Contact: _____ Emergency Tel: _____

Current Employer/School/Organization _____

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

Why would you like to volunteer for our society?

- | | |
|--|--|
| <input type="checkbox"/> interest in Alzheimer Disease or related disorders | <input type="checkbox"/> to complete 40 hrs of community service |
| <input type="checkbox"/> someone I know was affected by dementia | <input type="checkbox"/> to get volunteer experience |
| <input type="checkbox"/> to develop skills/experience in a non-profit organization | <input type="checkbox"/> other _____ |

REFERENCES (if applicable)

1. Name: _____ 2. Name _____

Address: _____ Address _____

Phone: _____ Phone: _____

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 London and Middlesex. I hereby grant permission to Alzheimer London and Middlesex to contact any persons who might be able to verify the information.

Signature: _____ Date: _____