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Volunteer Application

Name: _____ Date: _____
Address: _____ Home Phone: _____-_____-_____
City, State, Zip: _____ Cell Phone: _____-_____-_____
Email: _____
Occupation: _____ Work Phone: _____-_____-_____
If you are a student, what school do you attend? School: _____ Grade: _____
Date of Birth: ____/____/____* **You must be of high school age or older to work directly with participants*

Experience or skills you are able to share with AFDC (please be specific): _____

How familiar are you with Alzheimer's disease? _____

Time available to volunteer (check all that apply) Morning Lunchtime Afternoon

Are there any restrictions that could affect your availability for volunteer work (i.e. family, work schedule, school): Yes/No (circle one, and explain): _____

In case of an emergency, notify: _____ Relationship: _____

Home Phone: _____-_____-_____
Work or Cell Phone: _____-_____-_____

Previous Volunteer Experience (please be specific): _____

How did you hear about this volunteer experience? _____

If you found us through the internet, please tell us which website: _____

For students only: Please attach one letter of recommendation from an adult community member (teacher, coach, employer, pastor, etc—no family members, please).

Name of reference: _____ Relationship: _____

Sharing the Care  *Spreading the Knowledge*