



**VOLUNTEER APPLICATION**

**GREATER PENNSYLVANIA CHAPTER**

*please complete all pages*

**NAME:**

\_\_\_\_\_

*First*

*M.*

*Last*

**ADDRESS:**

\_\_\_\_\_

*Street or P.O. Box*

*Apt.*

\_\_\_\_\_

*City*

*State*

*Zip*

**PHONE:**

\_\_\_\_\_

*( )*

*( )*

*( )*

*Home*

*Work*

*Cell*

*Best time to call \_\_\_\_\_ O.K. to call at work? \_\_\_\_\_*

**E-MAIL ADDRESS:**

\_\_\_\_\_

**PLACE OF EMPLOYMENT:**

\_\_\_\_\_

**OCCUPATION:**

\_\_\_\_\_

**I AM/WAS AN ALZHEIMER'S CAREGIVER:**

\_\_\_\_\_ *yes*

\_\_\_\_\_ *no*

**I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING REGIONAL OFFICE:**

Northeast (Wilkes-Barre)

Northwest (Erie)

South Central (Harrisburg)

Southwest (Pittsburgh)

**WHAT WOULD YOU LIKE TO DO?** *(check any that interest you)*

**Administration**

- \_\_\_\_\_ general clerical support  
*(mailings, labeling, filing etc.)*
- \_\_\_\_\_ computer work  
*(data entry, word processing)*
- \_\_\_\_\_ receptionist *(substitute)*
- \_\_\_\_\_ telephoning
- \_\_\_\_\_ other \_\_\_\_\_

**Programs and Services**

- \_\_\_\_\_ Helpline volunteer
- \_\_\_\_\_ Support Group leader
- \_\_\_\_\_ Support Group co-leader
- \_\_\_\_\_ Speakers Bureau
- \_\_\_\_\_ health fair organizer
- \_\_\_\_\_ health fair representative *(day of event)*
- \_\_\_\_\_ educational program assistant
- \_\_\_\_\_ greeter for programs/meetings

**Fundraising & Public Relations**

- \_\_\_\_\_ special event planning
- \_\_\_\_\_ day-of-event volunteer
- \_\_\_\_\_ newsletter contributor
- \_\_\_\_\_ layout & design  
*(flyers newsletter, invitations)*
- \_\_\_\_\_ Web site management
- \_\_\_\_\_ publicity/media assistant

**Public Policy**

- \_\_\_\_\_ advocate
- \_\_\_\_\_ advocacy trainer

Is there something that isn't listed above that you would really like to help with:

Why do you wish to be a volunteer with the Alzheimer's Association?

Experience/education/skills that prepare you for the volunteer work you chose:

When will you be available to volunteer? (*list days and times of day*)

Are you able to travel to neighboring counties? How far would you be willing to drive to volunteer?

**REFERENCES:**

Please list two professional and/or personal (not including relatives) references. References remain confidential.

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

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Person to contact in case of emergency: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Home Work*

**PLEASE READ CAREFULLY, SIGN AND DATE:**

*I understand and agree that any information about individuals, families, professionals or donors who contact the Alzheimer's Association, Greater Pennsylvania Chapter during the course of my volunteer work will be treated in the strictest confidence.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***Thank you for your interest. We will contact you soon!***