



800 Northpoint Parkway, Suite 101-B, West Palm Beach, FL 33407
561/683-2700 fax 561/683-7600

Volunteer Application

Date:

| | | | |
|---|---|------------------------------|---|
| First Name: | | Last Name: | |
| Birthdate: | | Social Security No.: | |
| Address: | | | If seasonal, enter months at this Address |
| City: | State: FL | Zip Code: | From ___ to ___ |
| Tel. No. : | | Cell No.: | e-mail: |
| Second Address: | | | |
| City: | | State: | Zip Code: Tel: |
| Emergency Contact Person: (Name) | | | |
| Relationship: | | Tel. No.: | Cell No.: |
| Previous Volunteer Experience: (if Yes, explain, if No, write employment experience) | | | |
| Do you have personal experience with Alzheimer's Disease? (Explain if Yes) | | | |
| Please list any skills or interests (piano playing, arts and crafts, cooking, hobbies, sports, etc.) | | | |
| I want to volunteer for Alzheimer's Community Care, because: | | | |
| <i>General Office</i> | <i>Fund Raising/ Special Events</i> | <i>Special Services</i> | <i>Patient/ Family Services</i> |
| Accounting | Advocacy | Annual Conference | Assisting in Day Centers |
| Bulk Mailing | Events | Hurricane Assistance | Cafeteria Assistance |
| Computer | Fund Raising | Internship | Caregiver Connection Calls |
| Office Support | Health Fairs | Presentations at Fairs | Senior Companion (age 60 +) |
| Telephone | Publicity | Seminars | Support Group Facilitator |
| How often are you available to volunteer? | | | |
| On which days do you prefer to volunteer? | | | |
| At which location? Boca Raton, Boynton Beach, Delray Beach, Fort Pierce, Greenacres, Lake Worth, North Stuart, Pahokee, Palm Beach Gardens, Stuart, West Palm Beach | | | |
| Starting Date: / / | | Position (will be assigned): | |
| How did you hear about Alzheimer's Community Care? | | | |
| Notes: | | | |