



VOLUNTEER REGISTRATION FORM

Name: _____ Date: _____
Address: _____ e-mail: _____
City, State, zip _____
Phone: _____ Birth date: _____

Educational Background: _____

Brief Listing of Job History: _____

Experiences with Alzheimer's disease and/or related dementias: _____

Volunteer Preferences: (Please check Area(s) of Interest and time(s) available.
Circle as many as you like).

_____ **Office Help** Please circle Interest(s):

Prepare materials for educational events; Typing;

Recording/Filing; Mailings; Copying;

Please circle preferred Day(s) and Time(s):

Monday: AM PM Wednesday: AM PM Friday: AM PM

Tuesday: AM PM Thursday: AM PM Other: _____

_____ **Dementia Friendly Initiatives**

_____ **Speakers Bureau** (training provided)

_____ Health Fairs, Education series (week-days, evenings or Saturdays)

_____ Fund Raising Activities (Please check which one(s) of interest)

____ Golf Outing ____ Spring Event ____ Alzheimer's Walk

_____ Computer & Technology Help

Please indicate any special training, interests, and/or skills which may be helpful to you as a volunteer at the Alzheimer's & Dementia Alliance:

Person to Contact in Case of Emergency:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Your Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____