



**Alzheimer's & Dementia Alliance of Wisconsin
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.)

___ **Office Help** (Check any of interest)

- 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: _____

___ **Speaker's Bureau** (training provided)

___ **Health Fairs** (week-days, evenings or Saturdays)

__ **Fund Raising Activities** (Check any of interest)

- Golf Outing
- 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: _____

Volunteer Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____