



# Alzheimer Society

P E E L

Alzheimer Society Peel 60 Briarwood Avenue Mississauga ON L5G 3N6 Tel: 905.278.3667 Fax: 905.278.3964

## VOLUNTEER APPLICATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email: \_\_\_\_\_  
Month/ Date of Birth (MM)/ (DD) \_\_\_\_/\_\_\_\_

I would like to volunteer because:

\_\_\_\_\_  
\_\_\_\_\_

### Previous & Current *Volunteer* Experience

Position: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Length of Time: \_\_\_\_\_

Position: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Length of Time: \_\_\_\_\_

### Previous & Current *Employment* Experience

Position: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Length of Time: \_\_\_\_\_

The Alzheimer Society Peel is able to offer opportunities in various areas.  
Please indicate in the boxes below which areas you prefer.

- |  |   |
|--|---|
| <input type="checkbox"/> Friendly Visiting Program   | <input type="checkbox"/> Family Support Group                   |
| <input type="checkbox"/> Day Centre Program          | <input type="checkbox"/> School Program                         |
| <input type="checkbox"/> Nora's House (Respite Care) | <input type="checkbox"/> Deliveries (memorial cards, Brochures) |
| <input type="checkbox"/> Fundraising Events          | <input type="checkbox"/> Office Support                         |
| <input type="checkbox"/> Event Preparation           | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Committees                  |   |

***\*\*Please note that all volunteers for the Friendly Visiting Program and Day Centre Programs must complete a Police Record Check\*\****

**Help for Today Hope for Tomorrow**



# Alzheimer Society

P E E L

Alzheimer Society Peel 60 Briarwood Avenue Mississauga ON L5G 3N6 Tel: 905.278.3667 Fax: 905.278.3964

### Availability

Please indicate below when you would be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### Skills & Interests

Special Skills or Talents: \_\_\_\_\_  
\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_  
\_\_\_\_\_

I became interested or heard about the Alzheimer Society because of:

- Family Member   
 Employment Opportunity   
 My Profession   
 Student  
 Newspaper   
 Other   
 Internet/Web site   
 Friend

Please list two **personal references** (excluding family members):

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship:	Relationship:

Please list one **work/professional reference** if employed:

Name:	Telephone:
Address:	Occupation:

I give permission for the above references to be contacted

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return completed forms to the Volunteer Coordinator  
[volunteercoordinator@alzheimerpeel.com](mailto:volunteercoordinator@alzheimerpeel.com)

**Help for Today Hope for Tomorrow**