



INTERGENERATIONAL VOLUNTEER APPLICATION

Please print clearly. All BOLD lines must be completed, or the application will not be processed.

Full Name:

Address:

City:

Zip code:

Birth date:

Preferred Phone:

home/work/cell (circle one)

Alternate Phone:

home/work/cell (circle one)

Email Address:

Skills or Hobbies:

Are you bilingual? If so, which language(s)?

Day(s) & Time(s) you are available to volunteer:

First Aid (mm/yy):

CPR (mm/yy):

In Case of Emergency, whom should we contact?

Name:

Phone Number:

Relationship:

VOLUNTEER HISTORY

Briefly describe your current/previous volunteer/work experiences (particularly with older adults):

In a few words, why do you want to volunteer at Alzheimer's Family Center?

Intergenerational Volunteer Applicants under 18 years of age must have a parent/legal guardian co-sign this Volunteer Application

Parent/Legal Guardian Name

Signature

I certify that I have, and will, provide information throughout the selection process for a volunteer position with ALZHEIMER'S FAMILY CENTER, that is true, correct, and complete to the best of my knowledge. I certify that I will answer all questions to the best of my ability, and that I have not, and will not, withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by ALZHEIMER'S FAMILY CENTER.

APPLICANT SIGNATURE:

DATE: