

Alzheimer Society

M A N I T O B A

Dementia Care & Brain Health

APPLICATION TO VOLUNTEER

NAME:

ADDRESS:

PHONE:

EMAIL:

IN CASE OF EMERGENCY CONTACT: NAME:

PHONE:

AVAILABILITY: (Please check all that apply)

Morning

Afternoon

Evening

Weekly

Bi-weekly

On Call

Weekdays

Weekends

Not sure

PRESENT EMPLOYMENT STATUS:

PLEASE COMPLETE THE FOLLOWING OR ATTACH A RESUME:

EDUCATION: (institution, area of study, and degree/diploma/certificate received)

OTHER TRAINING, SEMINARS, COURSES, ETC.:

HOBBIES/SKILLS/INTERESTS:

WHY DO YOU WANT TO VOLUNTEER?

CURRENT/PREVIOUS JOB EXPERIENCE:

CURRENT/PREVIOUS VOLUNTEER EXPERIENCE:

I am interested in: (Please check all that apply)

In-office Volunteer

Data Entry

Mailings

Telephone Contact With Donors

Collating Print Material

Miscellaneous Office Duties

Event Volunteer

Coffee Break Event Host

Door-to-Door Canvasser

Memory Walk Volunteer

Touch Quilt Project

Education Volunteer

Displays

Meeting Facilitators

Speakers Bureau

Program Volunteer

Minds in Motion

[CLICK HERE FOR ALL JOB DETAILS](#)

I understand and will respect the confidential nature of information I might have access to in performing my volunteer duties for the Alzheimer Society of Manitoba.

I agree to provide references upon request.

DATE:

SIGNATURE:

For office use: