

# Alzheimer Society

M A N I T O B A

*Dementia Care & Brain Health*

## **APPLICATION TO VOLUNTEER**

**NAME:**

**PHONE:**

**ADDRESS:**

**CITY:**

**PROV:**

**EMAIL:**

**POSTAL CODE:**

**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

**Education Volunteer**

Displays

Meeting Facilitator

**Event Volunteer**

Coffee Break® Event Host

Door to Door Canvasser

Walk for Alzheimer's Volunteer

Touch Quilt Project

**Program Volunteer**

Minds in Motion® Program

[CLICK HERE FOR ALL JOB DETAILS](#)

Please provide three references (include email addresses).

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 a police record check upon request.

**DATE:**

**SIGNATURE:**

---

For office use: