



Société Alzheimer Society

DISTRICT DE TIMMINS - PORCUPINE
TIMMINS - PORCUPINE DISTRICT



VOLUNTEER APPLICATION FORM

Date: _____

Contact Information

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (Cell) : _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (Cell) : _____

How did you learn about the Alzheimer Society?

<input type="checkbox"/>	Website/Internet (e-mail blasts, e-newsletters)	<input type="checkbox"/>	Friend/family/colleague
<input type="checkbox"/>	Media (TV, radio, newspaper)	<input type="checkbox"/>	At a special event
<input type="checkbox"/>	Materials displayed in my community	<input type="checkbox"/>	Direct mail
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Languages Spoken English French Other: _____

Languages Written English French Other: _____

Preferred contact: E-mail Telephone

Areas of Interest (skills sharing and learnings):

Please note not all opportunities are available at all Societies:

Leadership/Committees

- Board participation
- Volunteer development/coordination
- Sharing your professional/leadership skills,

Advocacy

Advocating for better government policies (work with community and public officials)

Client support

- Providing direct support (group support)



- Marketing and Communications**
 - Writing, editing skills /graphic art skills / website, social media
- Education**
 - Promoting community education (outreach, education and awareness, speakers' bureau
- Office support**
 - Helping out at the local Alzheimer Society (Business administration, accounting, data entry, reception, computer skills: internet/website (basic and advance)
- Special Events**
 - Event Planning – canvassing
 - Coffee breaks, Walks.
- Program/ Service Delivery**
- Helping out but not sure which opportunity is right for me.**

Availability

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Please be advised, should you be selected as a volunteer with the Alzheimer Society you will be required to provide personal character references and, where applicable a police check.

Signature: _____ Date: _____
(Volunteer applicant)

Parent/Guardian: _____ Date: _____
Please note: A parent /guardian must also sign for volunteers under 18 years of age.

Thank you for completing this form.
 Applicants will be contacted to discuss suitability and current opportunities.

Mail, email or fax this completed form to Elizabeth McLeod
 To learn more contact Tracy Koskamp-Bergeron at 705-268-4554 or email
 director@alzheimer-timmins.com

Alzheimer Society Timmins-Porcupine District
 38 Pine St. N., Unit 107-A
 Timmins, ON, P4N 6K6
<http://www.alzheimer.ca/timmins>
 Phone: 705-268-4554 Fax: 705-360-4492