

Société Alzheimer Society

M O N T R É A L

Volunteer Application Form

General information:

| | |
|-----------------------|---|
| Full name: | |
| Full mailing address: | |
| Cell phone: | |
| Home phone: | |
| Date of birth: | |
| Languages (spoken): | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other : |
| Languages (written): | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other : |
| Email address: | |

I authorize the Alzheimer Society of Montreal to add my name and email address to their mailing list(s).

In case of emergency, who should we contact?

| | |
|----------------------------|--|
| Full name: | |
| Relationship to volunteer: | |
| Telephone number(s) | |

More information about you:

1. Are you, or have you ever been, a caregiver to someone living with Alzheimer's disease or a related form of dementia? Yes No
2. If yes, please specify: I was a caregiver in the past I am currently a caregiver
3. Have you ever been found guilty of a crime? Yes No
4. Do you have your driver's license and access to a car? Yes No

Volunteering at the Alzheimer Society of Montreal:

Please specify how often you would like to volunteer:

Once per week Bi-weekly Once per month For fundraising events only

If you selected "On a weekly basis," please indicate your weekly availabilities:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Time: Ex: 8 a.m. – 1 p.m. | | | | | | | |

...continued

What type of volunteering are you interested in?

Respite and Stimulation Services*:

- Activity Centres : Ahuntsic Westmount Lachine
- Art Therapy – located at our Service Centre, 4505 Notre-Dame Street West
- Monday Meet-Ups – located at our Service Centre, 4505 Notre-Dame Street West

**Does not include in-home Respite and Stimulation Services.*

Awareness and Educational Services:

- Bilingual Information Booth Attendant or Assistant
- Alzheimer Café Assistant
- Distributor of promotional material
- Speaker's Bureau *(Please ensure requirements identified in the volunteer manual are met)*

Office Support:

- Shredding, filing, and/or data entry
- Calling families to remind them of upcoming meetings/Alzheimer's Cafés *(Bilingualism required)*
- Reception *(Bilingualism required)*
- Preparing information kits

Fundraising events

Please make sure to send in this form along with your **CV** and a **cover letter**. Your cover letter should answer the following questions:

1. Why are you interested in volunteering with the Alzheimer Society of Montreal?
2. Have you volunteered before? If yes, please describe your experience.
3. What skills, knowledge, or experience do you have that can be of benefit to you and the Alzheimer Society of Montreal ?

Declaration

I understand that this is an application for volunteering. My candidacy will be reviewed by the Alzheimer Society of Montreal. If accepted, I will be called for an interview and a background check will be performed.

I attest that the declarations made in this document are to the best of my knowledge, and are the honest truth. I understand that any false declarations could result in the elimination of my candidacy.

Date: _____ Signature: _____