

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 access to a car? ☐ Yes ☐ No

Volunteering at the Alzheimer Society of Montreal:

Please specify how often you would like to volunteer:

☐ Once a week ☐ Bi-weekly ☐ Once per month ☐ Fundraising events only

Please indicate your weekly availabilities:

Time/Frequency	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(Ex: 8 a.m – 1 p.m. Once a week)						

...continued

What type of volunteering are you interested in?

- ☐ Support people living with a neurocognitive disorder during our Respite and stimulation services in our Activity centers (assistance during meals, games and activities, always accompanied by a counsellor from the Centre)
 - ☐ On Saturdays at one of our 2 Activity centers:
 - ☐ Ahuntsic
 - ☐ Saint-Henri
 - ☐ During the week at the Permanent Activity Centre located at our offices, 4505 Notre-Dame Street West (On Tuesdays, Wednesdays and Thursdays from 10 am to 3 pm.)
- ☐ Activity *Fil-d'art* at the Montreal Fine-Arts Museum, every 3rd Wednesdays of the month, 1:30 to 4pm
- ☐ Awareness and Educational Services:
 - ☐ Bilingual information booth Attendant or Assistant
- ☐ Office Support:
 - ☐ Calling donors to thank them for their support (*Bilingualism required*)
 - ☐ Reception (*Bilingualism required*)
- ☐ Fundraising events, such as: Walk for Alzheimer's, Half-marathon, Colloquiums, etc.

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?

Protection of personal information

We are committed to respecting the privacy of the personal information we collect on this form. Details at <https://alzheimermontreal.ca/en/protection-of-personal-information/>

Please check the following options:

- ☐ Wish to subscribe to our newsletter and receive the Society's programming
- ☐ Wish to find out about our donation options

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 contacted for an interview, and a criminal record check will be performed by the *Service de police de Montréal*.

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: _____

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