

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: