

# Alzheimer Society

MANITOBA

*Dementia Care & Brain Health*

## Volunteer Application

**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

**Present Employment Status**

**Please complete the following or attach a resume:**

**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
- Touch Quilt Project
- Resource Sorter

**Event Volunteer**

- IG Wealth Management
- Walk for Alzheimer's
- Gala Dinner

**Program Volunteer**

- Minds in Motion
- Support Group Facilitator

**Volunteer Location**

Virtual only

In-person only

Can do virtual and in-person

**Please provide one character reference (include their email address):**

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:**