

Société Alzheimer Society

M O N T R É A L

APPLICATION FOR VOLUNTEER POSITION

Note: This form must be returned along with an updated Resume (CV).

Name:		Surname:	
Address:			
City:	Province:	Postal Code:	
Tel. Res.:	Cell. :	Other:	
E-mail:			
Birthday :			

What languages are you proficient in?

French: spoken written English: spoken written

Others (*specify*):

Are you or have you been a caregiver to someone living with Alzheimer's or related disorders?

yes no If Yes, past current

Have you ever been found guilty of a criminal offence? yes no

What is your availability (*specify*)?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

How many hours per week are you available?

What type of volunteering interests you?

Activity Centres – A Saturday program for peoples with AD or related disorders that provides therapeutic activities in an adapted environment. Role: Assist participants in activities; help set-up and clean up after activities or other tasks as required. (Minimum 4 hours) NDG Montréal-Nord Lachine

Awareness – Booths, distribution of promotional material, other related tasks

Speaker's Bureau – Giving conferences to bring awareness of Alzheimer's disease or Related Disorders to various organizations.

Office work – Mailing Filing Reception Delivery / Distribution
 Translation (*from home*) Data Entry (*from home*) Other _____

Why do you want to become a volunteer for the Alzheimer Society of Montreal?
Have you ever done volunteering? If yes, please briefly describe your past experience.
What experiences, skills or particular knowledge do you have that would be beneficial to the Alzheimer Society of Montreal?

In case of emergency, whom should we notify?		
Name:	Surname:	
Relationship :		
Tel. Res.:	Cell.:	Other:

Declaration

I understand that this is an application for volunteering only. 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: _____

