

Alzheimer's Services Center

Volunteer Application Form

Name: _____

Date: _____

Address: _____

Home Phone: _____

Other Phone: _____

In Case of Emergency, please contact:

Name: _____

Phone: _____

Relationship: _____

Education/ Field of Study or Degree: _____

University/ College: _____

Reason for Volunteer: _____

Previous Work Experience:

COMPANY +

TELEPHONE NUMBER

DUTIES

DATES

COMPANY + TELEPHONE NUMBER	DUTIES	DATES

Volunteer Experience:

ORGANIZATION +

TELEPHONE NUMBER

DUTIES

DATES

ORGANIZATION + TELEPHONE NUMBER	DUTIES	DATES

Special Skills: _____

Interests & Hobbies: _____

Civic, social, or religious organizations to which you belong:

Experience or interest with Alzheimer's diseases: _____

How often would you like to volunteer?

_____ Weekly _____ Monthly _____ Other: _____

What days and times are best for you?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteer's Signature

Date

CONSENT FORM

I hereby authorize Clayton County Correctional Institution to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Street Address

City/State/Zip Code

Sex

Race

DOB

SSN

Signature

Notary

Date