

For Office Use Only:

Partner _____

Car ___Y ___N

Client _____

Schedule _____



CAREGIVERS COMMUNITY NETWORK
Volunteer Application

Date of application: _____

Name: _____

Cell phone where you can be reached: _____

Alternate Phone: _____

Address: _____

E-mail address that you check daily: _____

Date of birth: _____ Gender: _____

If student, list major(s): _____ Year in school: _____

How did you hear about *CCN*?

How did you become interested in working with the *CCN*?

Briefly state your previous volunteer experience working with the elderly. Include the organization you worked for, a brief description of responsibilities and dates you held the position.

What types of experience have you had with Alzheimer's Disease?

Have you had any past experience/training in a health and human services profession?

What special interests or hobbies might you use as a volunteer? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> cooking/baking | <input type="checkbox"/> music |
| <input type="checkbox"/> reading/writing | <input type="checkbox"/> gardening/flowers |
| <input type="checkbox"/> drawing/art | <input type="checkbox"/> collecting |
| <input type="checkbox"/> hair dressing | <input type="checkbox"/> sports |
| <input type="checkbox"/> crafts | <input type="checkbox"/> other |

What other skills would you be willing to share?

Would you be willing to visit a home where people smoke? yes no

Are you willing to visit a home with pets? yes no

Do you have a valid driver's license? yes no

Do you have access to a car to make volunteer visits? yes no

Is there anything we should take into consideration when making a volunteer assignment (allergies, physical limitations (i.e., lifting or mobility, etc.)?

Please indicate times you are available to volunteer for client visits. Be specific and avoid mealtimes. We need either two blocks of 2 hours or one block of 4 hours each week. These hours will be your regularly scheduled visit each week for this semester:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Additional considerations or comments: