

Caregivers Community Network Volunteer Application

Application Date

Name

Social Security Number

Address

County of Residence

Male

Female

Email

Home Phone

Work Phone

Date of Birth

Education Level

Degrees

Occupation

Retired

How did you hear about CCN?

How did you become interested in working with CCN?

Briefly state previous volunteer experiences. 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 the Health and Human Services professions? (i.e., nurse, physical therapist)

Please state the times you are available to volunteer or attend meetings. (Days of the weeks, morning, afternoon, and/or evening.)

Caregivers Community Network

Volunteer Application

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

- | | | | |
|-----------------|--------------------------|-------------------|--------------------------|
| 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 | <input type="checkbox"/> |

What other skills will you be willing to share?

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

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

Contact Us:

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Toll Free 1(877)568-6454

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