



Volunteer Application

Name: _____ Date: _____

Phone: _____

Email: _____

Address: _____ Zip Code: _____

Are you interested in learning about becoming an AmeriCorps Volunteer Yes _____ No _____

Do you have current CPR training: ___ No ___ Yes, date certified: _____

Please list two references:

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Your Occupation: _____

Highest Level of Education:

___ Elementary

___ High School

___ College: ___ Associate Degree ___ Bachelor Degree ___ Master or PhD

Gender: ___ Male ___ Female

Race:

___ Caucasian

___ Black/African American

___ Asian

___ Native American

___ Native Hawaiian/ Pacific Islander

___ Mixed Race

___ Other

Ethnicity: ___ Hispanic/Latino ___ Not Hispanic/Latino

What languages do you speak? _____

Have you ever been convicted of a felony?

___ No

___ Yes, Please explain _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Volunteering experiences: _____

Why do you wish to volunteer with Alzheimer's Project, Inc.: _____

Confidentiality Agreement and Signature:

At Alzheimer's Project, Inc. (AP), we stress the confidentiality of our clients, caregivers, and volunteers, in order to ensure the comfort and security of all involved. Information is disseminated on a need-to-know basis, which applies to the staff, clientele, and volunteers. Rarely there are times when confidentiality must be broken, regardless of the position of the discloser (i.e., client, volunteer, etc.). These are: disclosure of information regarding life-or-death, emergency situations, even if this information is implied and not directly stated; disclosure of information stating or implying the abuse or neglect of a child, a frail elder, or a disabled person; certain situations in which a court order has been made forcing the disclosure of information. Judgment calls regarding the decision for disclosure of information belong to the person receiving that information, if that person is acting in good faith. Any other breaches of confidentiality are to be reported to, and reviewed by Alzheimer's Project CEO.

As a volunteer with Alzheimer's Project, Inc., I agree to not disclose any privileged information made known to me for the sake of the comfort and security of AP clientele, and the integrity of the Project in general.

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____