

Volunteer Application

Name:									
(Please Print)	ase Print) Last		First		M.I.				
□ Male □	Female	□ Other	Prefer not to	say					
Previous Names	Known By:								
Prefer to be calle				Pronouns:					
Home Phone: Day/W			Work Phone:		Cell Phone:	:			
() ()		()				
Email Address: _									
Best way to be c	ontacted:	□ Home	□ Work	□ Cell	🗆 Email				
Home Address: _									
	City			State	Zip				
Are you over the age of 18? □ Yes □ No If no, provide date of birth: (Parent signature required on back)									
In case of emergency notify:									
In case of emerg	ency notify	7•	Relationsh	ip:	Phone:	()			
_				-		()			
_	anguage o	ther than Engl	ish? If so, which a	-					
Do you speak a l	anguage o your volunt	ther than Engl	ish? If so, which o	one(s)?					
Do you speak a l Please describe	anguage o your volunt	ther than Engl	ish? If so, which o	one(s)?					
Do you speak a l Please describe y Please check the	anguage o your volunt activities Disc	ther than Engl teer experienc in which you v ussion	ish? If so, which o e: vould like to be in	one(s)?	ding				
Do you speak a l Please describe y Please check the Arts/Crafts	anguage o your volunt activities Disc Gro	ther than Engl teer experienc in which you v ussion ups	ish? If so, which o re: vould like to be ir □ Health Topics □ Music	nvolved: □ Rea □ Reli	ding gion	□ Tai Chi/Yoga			
Do you speak a l Please describe y Please check the Arts/Crafts Computers	anguage o your volunt activities Disc Grou g 🗆 Exer	ther than Engl teer experienc in which you w ussion ups ccise	ish? If so, which o re: vould like to be in □ Health Topics □ Music	nvolved: □ Rea	ding gion <i>r</i> ing	□ Tai Chi/Yoga □ Theater			
Do you speak a l Please describe y Please check the Arts/Crafts Computers Cooking/Bakin	anguage o your volunt activities Disc Gro g Disc Gro g Disc Gro g Disc	ther than Engl teer experienc in which you w ussion ups ccise	ish? If so, which o re: vould like to be in □ Health Topics □ Music □ Office Work □ Outings	nvolved:	ding gion ⁄ing pping	□ Tai Chi/Yoga □ Theater			
Do you speak a l Please describe y Please check the Arts/Crafts Computers Cooking/Bakin Current Events	anguage o your volunt activities i Disc Gro g Disc Gro g Carr Garr Garr	ther than Engl teer experience in which you w ussion ups cise tes dening	ish? If so, which o re: vould like to be in □ Health Topics □ Music □ Office Work □ Outings □ Parties	nvolved: Rea Relig Sew Sho Spo	ding gion <i>r</i> ing pping rts	□ Tai Chi/Yoga □ Theater			

*Please describe any previous experience you have had working with individuals living with Alzheimer's Disease or other age-related dementia: _____

How did you hear about this volunteer opportunity?								
□ Resident		amily Member	-	□ Other				
Why do you want to volunteer with us?								
Please indica	ite days/times	you are availat	ole:					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Morning	Morning	Morning	Morning	Morning	Morning	Morning		
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon		
Evening	Evening	Evening	Evening	Evening	Evening	Evening		
□ No Pref	□ No Pref	□ No Pref	□ No Pref	□ No Pref	□ No Pref	□ No Pref		
🗆 Not Avail	🗆 Not Avail	□Not Avail	🗆 Not Avail	🗆 Not Avail	🗆 Not Avail	🗆 Not Avail		
-	Have you ever been fingerprinted?							
		es are required our household, Phone	and should kno		least 1 year).	oe a relative of Long Known		
1.								
2.								
3.								
authorize Tou qualifications	ichmark to con	en herein are ti tact any individ full and comple	ual it deems ap te consent to t	propriate to inv heir revealing a	vestigate my ch iny and all info	naracter and		

these individuals for defamation, invasion of privacy or any other reason because of their statements. I understand that if accepted as a volunteer I am subject to dismissal from service if any of the information on this application is false or has been omitted, and that I may be required to furnish documents supporting statements herein. I also understand that as a condition of volunteering I may be required to pass a criminal background check. I understand that at any time and for any reason Touchmark can discontinue my services as a volunteer.

Signature:	Date:
Parent Signature (for minors):	Date:

