

*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 Staff Family Member Drove By Other

Why do you want to volunteer with us? _____

Please indicate days/times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref
<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail

Do you need accommodations to perform volunteer services? Yes No

If yes, please describe: _____

Have you ever been fingerprinted? Yes No

If yes, where, when, and for what reason? _____

References: Three references are required, more are accepted. References should not be a relative or someone who lives within your household, and should know you well (at least 1 year).

Name	Phone	Relationship	How Long Known
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1.

2.

3.

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize Touchmark to contact any individual it deems appropriate to investigate my character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against 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: _____

