



## Join Us

### Volunteer Application Form

Strictly Confidential

#### > Tell us who you are and how to get in touch with you

Full name	<input type="text"/>		
Address (including Zip code)	<input type="text"/>		
Telephone (Including Area Code)	<input type="text"/>	Cell	<input type="text"/>
Email address	<input type="text"/>		

#### > Use this section to tell us about your skills and interests

Your availability (Please check all that apply)	Mon am <input type="checkbox"/> pm <input type="checkbox"/>	Tues am <input type="checkbox"/> pm <input type="checkbox"/>	Weds am <input type="checkbox"/> pm <input type="checkbox"/>	Thurs am <input type="checkbox"/> pm <input type="checkbox"/>	Fri am <input type="checkbox"/> pm <input type="checkbox"/>	Totally flexible <input type="checkbox"/>
Tell us about any volunteering experience or any previous employment you have?						
<input type="text"/>						
Are you applying for a specific volunteer position or do you have special skills, interests or hobbies that you would like to use when volunteering for Memory Matters? (i.e.. Computer and office skills, artistic, music, teaching, nursing, fundraising)						
<input type="text"/>						
Why do you want to volunteer at Memory Matters?						
<input type="text"/>						
Do you speak any foreign languages? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, which one(s) <input type="text"/>						

> **Who can we contact as references?**

This can be your previous manager, a colleague or another Memory Matters volunteer.

**1)** Name

Address

Zip code

Tel No.

Email address

How do you know this person?

**2)** Name

Address

Zip code

Tel No.

Email address

How do you know this person?

> **Who can we contact in case of an emergency?**

Name

Tel #  Cell #

Relationship to individual

> **Your details** will be kept in accordance with Memory Matters Confidentiality and HIPAA Policy. They will be held securely and confidentially and only accessed by authorized staff.

I declare the information I have provided is true.

Signed

Date

**Once the application is completed, please return to [pat@mymemorymatters.org](mailto:pat@mymemorymatters.org)**

**For office use only**

Volunteer's start date  Background check completed  References collected

Completed TB Test  N/A  Completed Health Assessment

Volunteer Training complete  Position Description Provided