



Alzheimer's Arkansas Program and Services
10411 West Markham Street, Suite 130
Little Rock, AR 72205-1409

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

How did you learn about Alzheimer's Arkansas? _____

Have you had experience with Alzheimer's disease? Yes _____ No _____

If yes, please explain _____

What kind of volunteer position are you interested in? _____

Availability: Days of Week _____ Times _____

Occupation: _____

Education: Highest Level or Degree: _____

Primary Field of Study: _____

Date of Birth (Optional) Month _____ Day _____

Previous Volunteer Experience: _____

Skills, Interests, Hobbies: _____

REFERENCES: (List two)

Name: _____ Telephone: (H) _____ (W) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone: (H) _____ (W) _____

Address: _____ City: _____ State: _____ Zip: _____

IN CASE OF EMERGENCY: (List person to be contacted)

Name: _____ Telephone: (H) _____ (W) _____

Address: _____ City: _____ State: _____ Zip: _____



ALZHEIMER'S ARKANSAS PROGRAMS and SERVICES
VOLUNTEER AGREEMENT
CONFIDENTIALITY and CONFLICT OF INTEREST

As a volunteer of Alzheimer's Arkansas Programs and Services, I agree:

To avoid directly or indirectly participating in any arrangement, agreement, investment or other activity which could result in personal benefit to me at the expense of Alzheimer's Arkansas. I will not accept any payments, bonus, gifts, free service, discounts or other favors from any person, organization, vendor, supplier or consultant engaged in for-profit or not-for-profit activities with the organization. I will disclose any possible conflict of interest in full detail. If I have a conflict of interest, I will make no attempt to influence a decision pertaining to the organization.

Treat as confidential all information related to Alzheimer's Arkansas' clients and donor, including release of identifying information about any member, patient or family. I will not share the organization's mailing list or support group attendees list with any other organization or individual.

Volunteer Signature

Date