



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) \_\_\_\_\_

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**  
**EMPLOYEE / VOLUNTEER AGREEMENT**  
**CONFIDENTIALITY and CONFLICT OF INTEREST**

As an employee or 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.

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Employee / Volunteer Signature

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Date