

**Humboldt Senior Resource Center
Adult Day Health Services and Alzheimer's Day Care and Resource Center**

Volunteer Application

The Humboldt Senior Resource Center's Adult Day Health Services (ADHS) and Alzheimer's Day Care and Resource Center (ADCRC) accept volunteers on the basis of common interest and mission. Race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, or sexual orientation are not factors in accepting volunteers.

Name (First, MI, Last) _____
Date of Birth

Address

Home phone Cell phone Work phone

Email address

- I am interested in becoming (you may check more than one box):
- | | |
|---|---|
| <input type="checkbox"/> Program Volunteer | <input type="checkbox"/> Office or Clerical Volunteer |
| <input type="checkbox"/> Best Friend to a Day Care Client | <input type="checkbox"/> Support Group Facilitator - Caregivers |
| <input type="checkbox"/> Friends Cafe Facilitator- People with Dem. | <input type="checkbox"/> Other _____ |

Education

School/Institution	City, State	Degree or Field of study

License/Certificates	Date received	Date expires

Please list current, or most recent, job first:

From/To	Employer's name and address	Position or job duties	Reason for leaving

List two references who are not family members

Name	Phone #	Relationship

List any volunteer experience you feel may be pertinent:

From/To	Agency's name and address	Volunteer duties	Reason for leaving

Do you have other talents, skills or interests that would be useful as a volunteer, including fluency in other languages and computer skills?

What do you already know about ADHS or ADCRC (e.g., services, mission)?

Why do you want to volunteer with us? _____

What are your three best qualities? _____

Do you have experience with people with Alzheimer's or other dementias? If yes, please describe: _____

Has someone close to you been diagnosed with a dementia? If yes, describe: _____

Have you or your loved ones been served by ADHS or ADCRC? If yes, describe: _____

Is there anything else you would like us to know about you? _____

Where are you willing to travel (please list local cities) _____

Have you ever been convicted of a felony? _____ A conviction of a crime does not necessarily disqualify an applicant from volunteering. If your answer is yes, please give full details.

Please indicate the times and days you are available to volunteer:

Mondays _____ Tuesdays _____ Wednesdays _____

Thursdays _____ Fridays _____

Do you have your own transportation? _____

Emergency contact:

Name

Relationship

Contact information

I authorize my previous employers, schools or persons named as references to give any information regarding my employment or education record. I agree that the Humboldt Senior Resource Center and my previous employers shall not be held liable in any respect if I am not accepted as a volunteer or if I am terminated as a volunteer because of falsity of statements, answers or omissions made by me on this application.

By my signature below I certify that all statements made by me on this volunteer application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statements and understand them.

Signature

Date