

**For more information, please contact:**  
**Katie Berkelmans, Manager of Volunteer Services**  
**Alzheimer Society of Toronto**  
**416-847-8914 | [kberkelmans@alz.to](mailto:kberkelmans@alz.to)**



**YOUR INFORMATION**

**Contact Information:**

First: \_\_\_\_\_ Last: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred method of contact:  Phone  Email

**About You:**

Language(s) Spoken:  English  French  Other: \_\_\_\_\_  
 Language(s) Written:  English  French  Other: \_\_\_\_\_

How did you hear about the Alzheimer Society of Toronto:

Website / Internet (e-blast, e-newsletter, etc.)  Media (TV, radio, newspaper)  Friend / family / colleague  
 Materials displayed in my community  At a special event  Other: \_\_\_\_\_

Your reasons for wanting to volunteer (check all that apply):

Apply skills  Develop skills  Gain experience  Meet new people  Support the cause  
 Other: \_\_\_\_\_

Identify the volunteer roles that interest you (check all that apply):

*Please note that not all positions may be available at your local Society*

Administration  Data Entry  Education & Awareness  Marketing / Communications / Production  
 Fundraising  Public Speaking  Special Events  Other: \_\_\_\_\_

Additional information:

\_\_\_\_\_  
 \_\_\_\_\_

**AVAILABILITY**

**Please indicate your hours of availability for the following days:**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

Length of Commitment (in months):  Less than 3  3 – 6  6 – 12  Ongoing  Special event

## AGE VERIFICATION

Are you 18 or older?     Yes     No

If you are under 18, please provide a parent / guardian signature:

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER AGREEMENT

Please note that should you be selected as a volunteer with the Alzheimer Society of Toronto, you will be required to provide personal character references.

We respect your privacy. The Alzheimer Society of Toronto collects your personal information in order to help identify and align suitable volunteers and opportunities. Only authorized Alzheimer Society staff and/or volunteers access this information.

By signing this form, you give us permission to contact your references, and you verify that all information provided is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail or fax this form to:

**Katie Berkelmans**

**Phone: 416-847-8914 | Fax: 416-322-6656**

Alzheimer Society of Toronto  
20 Eglinton Avenue West, 16th Floor  
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