



# ADS VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Alzheimer's & Dementia Services! Please fill out this application and email to [JEDavis@adsmemphis.org](mailto:JEDavis@adsmemphis.org) or deliver to:

Volunteer Program  
Alzheimer's & Dementia Services of Memphis, Inc.  
3185 Hickory Hill Rd.  
Memphis, TN 38115  
Fax: 901-370-5642

We hope to work with you soon! Any questions? Please contact us at **901-372-4585** or [JEDavis@adsmemphis.org](mailto:JEDavis@adsmemphis.org). Thank you for your support!

Some of the personal benefits for volunteering include:

- Receiving training and education on Alzheimer's disease and related dementia and the care given to those affected
- An opportunity for personal and professional growth
- Developing friendships that improve the quality of life of a person with dementia
- Gaining a sense of achievement and the feeling of giving back to your community

## PERSONAL INFORMATION

**Full Name:** \_\_\_\_\_ **Preferred name:** \_\_\_\_\_  
First Middle Last

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex:** \_\_\_\_ Male \_\_\_\_ Female **Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Social Security Number XXX – XX –** \_\_\_\_

**Email:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_  
Name Phone

## BACKGROUND

**High school attended:** \_\_\_\_\_  
Name City State Zip Code

Highest grade completed: \_\_\_\_ Diploma earned? \_\_\_\_ Yes \_\_\_\_ No Graduation year: \_\_\_\_

**College attended:** \_\_\_\_\_  
Name City State Zip Code

Years attended: \_\_\_\_ Degree earned: \_\_\_\_ Graduation year: \_\_\_\_

**Other school attended:** \_\_\_\_\_  
Name City State Zip Code

Years attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_ Graduation year: \_\_\_\_\_

**Describe your experience with victims of Alzheimer's disease and victims' families:**

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**Describe your experience with senior citizens:**

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**List any special skills or talents:**

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**Describe any past volunteer experience:**

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**Why would you like to volunteer with us?**

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**In what capacity would you like to volunteer?**  Ongoing  One-time (if so, please explain):

**At what time and on which days would you like to volunteer?**

Monday  Tuesday  Wednesday  Thursday  Friday  
 9:30 – 12:00  1:30 – 4:00  other \_\_\_\_\_

**What is this volunteer work for?**  Community service  School credit  Internship  Personal

**At which location would you prefer to volunteer?**

Dorothy's Place (Hickory Hill)  Kennedy Park (inside Kennedy Park)

**Personal References:**

| Name     | Phone | email |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

I release Alzheimer's & Dementia Services of Memphis, Inc. to contact references and law enforcement agencies in the cities where I have worked or lived. I will reveal any criminal convictions in the interview process and state that on the volunteer application.

**Signature:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_