



POR UNA MEJOR CALIDAD DE VIDA

Latino Alzheimer's And Memory Disorders Alliance

Volunteer Form

Name: _____ Date: _____

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

Place of Origin: _____ Date of Birth: _____ Edad: _____

Phone Number: _____ Email: _____

How did you hear about us? (name of church, media, friend, relative, flyer, etc.,)

Academic Information

Country of Study: _____

What was the highest level of academic education received?

Elementary Grammar Highschool/GED University Graduate School

Highest level completed: _____ Concentration/Major/License: _____

Work Information

Employer: _____ Title/Position: _____

Address: _____

Phone Number: _____ Email: _____

Past Volunteer experiences

Name of organization: _____

Address: _____

Tasks performed _____

Current Volunteer Opportunities

Name of organization: _____

Address: _____

Tasks performed _____

Weekly schedule: _____

Area of Interest:

Please circle the area(s) of interest in volunteering:

Administration Kids and education adults and workforce health and nutrition social media
Giving Tuesday campaign committee fundraising events community events gala committee
graphic design and video editing spanish-english translations *Tu Environment!* Legal advocacy
Social awareness photography and editing promotoras de salud support groups academic

***Spanish is not required for the following:** administration, giving Tuesday, fundraising events, photography and editing, legal advocacy, website content, academic – intermediate, academic – advanced, gala committee, adults and workforce - intermediate, and some social media.

Weekly availability: _____

Special talents: _____

Motivation - what inspired you to volunteer?

Emergency Contact

Name: _____ Relation to volunteer: _____

Phonenumber: _____

* Please attach your resume (if applicable) and an identification card to this registration form.

Rules:

1. You must follow any and all instructions given by staff appointed.
2. Personal security is a priority for everyone. Do not do any work if you are not physically or emotionally capable of some work. Do not leave the work area to which this assignment.
3. You must report when entering and returning to the institution, also inquire if you need any work material.
4. By signing, you agree to be responsible for their own safety and conduct. In case of injury, no individual(s) or group(s) in your area of activities connected to this effort will be considered responsible.
5. You agree that any information acquired during due service will not be used for any personal gain or profit and will be held confidential. Consequently, if made, it shall be deemed terminated, and without benefits.
6. Your participation in no way allows you to ignore or violate any local, state or federal law.

Discrimination Policy

LAMDA and The LUF Initiative prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, marital status, and family status.

In its effort to provide quality service to students and volunteers, The LUF Initiative, tries to offer services that are appropriate for the language, culture and geographical location of the intended population.

* Your signature will be taken as your agreement to the rules and policy of discrimination.

Signature: _____

Date: _____

Please fill out the form, and submit it via email at info@latinoalzheimersalliance.org.