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 [ ]  High school/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   TuEnvironment!   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.