

***Volunteer Information Form***

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I would like to offer my time and skills to help individuals who are affected by Alzheimer's, their families, and the staff who serve them. I can volunteer my services in the following ways (please check all that apply):

- Serving as an Office Volunteer (includes basic clerical tasks)
- Providing general support to clients in Senior Day Services
- Providing specialist activities for clients in Senior Day Services (such as playing the piano, etc)  
Please list specialty/ies: \_\_\_\_\_
- Serving as a van driver for clients in Senior Day Services
  - Relief driver (only when needed)
  - Regular morning driver (one, two or three mornings a week)
- Helping out in whatever way I can

Please tell us how you believe your services would be best utilized, based on your interests, experiences or professional skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am available during the following days and times:		<b>Morning</b>	<b>Afternoon</b>
	Monday	_____	_____
	Tuesday	_____	_____
	Wednesday	_____	_____
	Thursday	_____	_____
	Friday	_____	_____

Please mail this form to:

**Alzheimer's Association, Big Sioux Chapter**  
**420 Chambers St.**  
**P.O. Box 3716**  
**Sioux City, IA 51102-3716**

**Fax: (712) 277 8076**  
**E-mail: help@alz-sioux.org**

For further information, please call us at **712-279-5802**.