

# James L West Alzheimers Center

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

Name of School (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Volunteer Experience:

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Why are you interested in being a volunteer?

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Special Training or Education?

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Do you have any talents or hobbies you would be willing to share in your work as a volunteer?

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How did you hear about the program?

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What days and times are you available to work?

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# CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT APPLICATION DISCLOSURE

It is the policy of James L West Alzheimers Center to promote an environment in which residents who receive volunteer services can expect to do so in a safe environment. Therefore, a criminal background screening will be completed on all those who volunteer at the West Center.

Please list below all the states and counties of residence for the past five years.

City/Town	County	State	Dates From	To

The information contained in this application is correct to the best of my knowledge. I hereby authorize James L West Alzheimers Center and its designated agents and representatives to conduct a review of my background. I understand that my role as a volunteer is conditional until a background check is completed.

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_