

Why do you want to become a volunteer for the Alzheimer Society of Montreal?
Have you ever done volunteering? If yes, please briefly describe your past experience.
What experiences, skills or particular knowledge do you have that would be beneficial to the Alzheimer Society of Montreal?

In case of emergency, whom should we notify?		
Name:	Surname:	Relationship:
Tel. Res.:	Cell.:	Other:

Declaration

I understand that this is an application for volunteering only. My candidacy will be reviewed by the Alzheimer Society of Montreal. If accepted, I will be called for an interview and a background check will be performed.

I attest that the declarations made in this document are to the best of my knowledge, and are the honest truth. I understand that any false declarations could result in the elimination of my candidacy.

Date: _____ Signature: _____



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