



WALK FOR MEMORIES - VOLUNTEER FORM

Name:	_____		
Address:	_____		
City:	_____ Province:	_____ Postal Code:	_____
Tel. (res.):	_____ (work.):	_____	
Fax:	_____ E-mail:	_____	
Languages - Spoken:	_____ Written:	_____	
Education:	_____		
How did you learn about us?	_____		
Skills, Experience, Interests (Present/previous employment, community or volunteer involvement)	_____		

For which of the following activities would you like to collaborate at the Walk?

Week Prior to Walk

- | | |
|---|--|
| <input type="checkbox"/> Pre-registration (Days and Evenings) | <input type="checkbox"/> Set-Up of the Site (Saturday, May 29) |
| <input type="checkbox"/> Preparation of Participants' Kit | |

Day of the Walk (Sunday, May 30)

- | | |
|--|---|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Security Control |
| <input type="checkbox"/> Food Tables | <input type="checkbox"/> Wall of Memories |
| <input type="checkbox"/> Reception & Information | <input type="checkbox"/> Draw |
| <input type="checkbox"/> Starting & Finish Line | <input type="checkbox"/> Donations |
| <input type="checkbox"/> General Help | <input type="checkbox"/> Set-Up / Clean-Up / Tearing Down |

According to our needs, your expertise, your availability and interests, other tasks may be requested from you.

In case of emergency, who should we notify (name and telephone number)?

Declaration:

I understand that this is an application form and not a commitment or promise of volunteer opportunity.

I attest that the declarations made in this document are to the best of my knowledge, the complete and honest truth. I understand that any false declarations could result in the elimination of my candidacy or my dismissal without importance of when the declaration was signed.

I agree to respect the confidentiality of all information I may be privy to at the Alzheimer Society of Montreal.

Date: _____ Signature: _____