



## Volunteer Application

### Contact information

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Highest level of school completed (circle one):

High School

Bachelors

Masters

PhD

### Work

Are you currently employed?

Yes

No

Who is your Employer?

\_\_\_\_\_

What is your Occupation/Job?

\_\_\_\_\_

### School

Are you a current student?

Yes

No

What school do you attend?

\_\_\_\_\_

What grade are you in?

\_\_\_\_\_

What are you studying?

\_\_\_\_\_

### Availability

How many hours per day are you available?

\_\_\_\_\_

What time of the day are you available?

Morning

Lunchtime

Afternoon

What days of the week are you available?

Mon

Tues

Wed

Thurs

Fri

### Areas I am most interested in volunteering (circle all areas of interest)

Administrative

Volunteering as a Group

IT/Software

Dementia Training

Special Events

Adult Day Program Meals

Pet Therapy

Photography/Video

Fundraising

Adult Day Program Activities

Errands/Shopping

Language \_\_\_\_\_

Other Interests \_\_\_\_\_



## Volunteer Application

Why do you want to volunteer with IMCC? \_\_\_\_\_

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List current and previous volunteer work: \_\_\_\_\_

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Do you have any personal experience with the following?

Alzheimer's disease or other dementia

Family member or close friend has dementia

Caregiver for someone with dementia

How did you learn about volunteering at IMCC?

IMCC website

Volunteer Fairfax

Volunteer Match

Create the Good (AARP)

George Mason University

Marymount University

Word of Mouth

Other \_\_\_\_\_

### In case of emergency please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

**\*For Students Only:** Please attach one letter of recommendation from adult community members, such as a teacher, coach, pastor etc. No family members please.

Please send your completed volunteer application to Insight Memory Care Center:

Insight Memory Care Center  
(formerly Alzheimer's Family Day Center)  
3953 Pender Drive, Suite 100  
Fairfax, VA 22030  
Fax: 703-204-0509  
Email: [maria.hoffman@insightmcc.org](mailto:maria.hoffman@insightmcc.org)

If you have any questions or need additional information please check our website at [www.insightmcc.org](http://www.insightmcc.org) or give us a call at 703-204-4664.