Volunteer Application:

Dementia Dialogues®

st Name:	Last Name:	State:	
eet Address:	City: E-Mail:		
one Number:			
ghest Level of ucation:	Degree/ Special Training: Employer:		
cupation:			
	Answer the following questions. Attach additional pages, as necessary.		
hearing i	n ever been convicted of a crime, or are there any pending crime a court of law? Yes No wered YES, please list all convictions, when they occurred, and the facts formation pertaining to rehabilitation.		
2. What att	racted you to this volunteer program?		
3. What wo	uld you like to get out of your volunteering experience?		
4 Do you l	ave any experience teaching or training others, either as a ve	duntage or amplayage?	
	ave any experience teaching or training others, either as a voscribe your activities and responsibilities.	or employee?	

5.	What have you enjoyed most about your previous teaching/training experience?
6.	What skills and qualities do you feel you have to contribute to the program?
7.	How comfortable are you with public speaking?
	Trow comfortable are you with public speaking.
0	W/l - 4 - 1
8.	What is the largest and smallest group you presented for? How did you handle conflict or debates?
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9.	What is your experience with technology? Can you quickly troubleshoot basic technical issues, such as the projector not turning on or sharing your screen?
	issues, such as the projector not turning on or sharing your screen.
10	
10.	How would you describe your time management skills when it comes to planning and implementing an education program?
	Implementing an education program:
11	TH. C
11.	How far are you willing to travel to present the program?

12. Do you own or have access to a laptop? One will not be provided. Yes No					
13. Provide two references that are no	ot relatives.				
Reference #1 First Name: Street Address:	Last Name: 	State:			
Phone Number:	E-Mail:				
Reference #2 First Name:	Last Name:				
Street Address:	City:	State:			
Phone Number:	Phone Number: E-Mail:				
Application Checklist: Application is complete and accurate to the best of my knowledge. Resume or CV is attached to the application. I agree to commit to the volunteer requirements. I read the Statement of Understanding below. Statement of Understanding: I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the volunteer position for which applied.					
Applicant Signature	Date				
Applicant Printed Name					
FOR OFFICE USE ONLY					
Review Date: Received by: Mail E-Mail Other Accepted Denied - rationale: Reviewer Initials:					