Volunteer Application

Thank you for your interest in volunteering with us! Old Friends Club offers a place of belonging for people living with Alzheimer's or other dementia. Volunteers engage with participants (Members) and help the staff with activities as we gather for friendship, fun and purpose in a supportive, caring group. We look forward to getting to know you and serving our community together.

Date: _____ /_____ /_____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City / State / Zip _____

Phone: _____ Text OK? ☐

Email: _____

I prefer to be contacted by Phone ☐ Email ☐ Text ☐

Emergency Contact: Name: _____ Relation: _____

Phone: _____ Text OK? ☐

How did you hear about Old Friends Club?

Please describe your experience working with people living with dementia, if any.

Do you have skills, talents, interests, or experiences you would like to share?

What kind of professional or personal experience do you hope to gain as a volunteer?

At which OFC location(s) are you interested in volunteering?

Bellevue / Carnation / Kirkland / Sammamish / N Seattle / Other _____

When are you available to volunteer (days of the week, time of the day, frequency)?
(Program hours: **Bellevue:** W/F 9:30 to 3:30; **Carnation and Kirkland:** M/T/TH 9:00 to 3:00)

What volunteer opportunities interest you?

☐ Weekly program assistance-- 6hrs/week (or at least 3hrs)

☐ Driving Members to/from OFC-- ½ to 1 hour daily, arranged w/ family

☐ Lunch delivery and set-up-- 2-6hrs/week

☐ Specialized skills (graphic design, website design, technology, etc.) _____

_____

☐ Social media, blog, other marketing

☐ Administrative support

☐ Fundraising / Events

☐ Other: _____

Are you able to volunteer for at least six months? Yes ☐ No ☐

If not, how long can you join us? _____

Are you volunteering to fulfill service-learning hours for education? Yes ☐ No ☐

_____

Background Check

Other names you have used: _____

Are you pursuing court mandated service hours? _____ If yes, how many hours? ____

Scheduled completion date: _____

How many years have you lived in Washington State? _____

I understand Old Friends Club serves a vulnerable population and authorize a background check. Old Friends Club will use this record in making the initial volunteer engagement decision.

Signature: _____ Date: _____

Completed form can be given to the Program Manager,
sent to volunteer@oldfriendsclub.org, or mailed to
Old Friends Club, Attn. Volunteer Coordinator, PO Box 2472, Kirkland, WA 98083.