



LONG ISLAND
**Alzheimer's
 & Dementia**
 CENTER



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Days Available
 to Volunteer
 (circle one)

Monday Tuesday Wednesday Thursday Friday Saturday

Have you been vaccinated against COVID-19? YES NO If no, are you willing to get a negative COVID-19 test before volunteering? YES NO

Have you ever been convicted of a felony? YES NO If yes, when? _____

Are there any criminal matters pending against you? YES NO If yes, please explain: _____

Do you have any allergies we should know about? YES NO If yes, what? _____

Interests

How did you hear about our organization? _____

Why would you like to volunteer? _____

Please list previous volunteer experience or special skills _____



Emergency Contact

In the event of an emergency, please list two contacts:

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____



Consent for Publicity

On occasion photographs and/or video may be taken during any and all LIAD Center programs, events, and conferences. Photographs may be used in LIAD Center publications and informational brochures and distributed to the media for use in their publications and/or broadcasts.

Also, we sometimes receive requests from the media to photograph or videotape programs, events, and meetings. These may be printed in newspapers or shown in TV, and the volunteers/interns names may be printed in a related caption or article.

We permit such photography and videotaping, including release of the volunteers/interns names and photos only with **written** consent. Please indicate on the form below whether or not you give consent to be photographed or videotaped and named while volunteering at the center.

Any questions, please give us a call at 516-767-6856.

Thank you.

YES, you may take my photos and videos, or use my name

NO, you may not take my photos and videos, or use my name

Print name: _____

Signed: _____ Date: _____



PLEDGE OF CONFIDENTIALITY

I, _____, am volunteering/interning my time to work for the Long Island Alzheimer's & Dementia Center. I understand that in the course of my time at the Center, I may learn certain facts about individuals being served that are highly personal and of confidential nature. Examples of such information are medical conditions and treatments, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as completely confidential. I may learn facts about an individual's alcohol and drug history, and in accordance with federal law, this information must be kept confidential. I agree not to disclose any information of a personal and confidential nature to any persons not affiliated with the LIAD center.

I further agree to keep confidential all information I may learn about LIAD Center volunteers, interns, paid staff, or individuals who make donations to the Center.

Signed: _____ Date: _____



Volunteer Guidelines and Expectations

- Volunteers are expected to commit to one steady day per week. Due to social distance guidelines, volunteers are unable to switch days without prior notice.
- Volunteers are asked to participate in programming to their best extent. This includes assisting clients with coloring, encouragement during group exercise, and cognitive stimulation games. Leading breakout groups may also be expected, based on scheduled programming. Volunteers may also be asked to work one-on-one with participants who need more hands-on assistance.
- Volunteers will be given a lunch break from 12:00-12:30.
- Volunteers will NOT be asked to toilet or feed individuals.
- A training will be provided on the second Monday of each month. Volunteers will not be able to start until receiving the training. The training will be conducted in-person.
- If not vaccinated, a mask is required during the duration of the day.
- A negative PPD is required prior to volunteering.

By signing, I indicate that I have read and understand the volunteer guidelines set by the Long Island Alzheimer's & Dementia Center.

Name

Date



Volunteer/Intern Medical Documentation

The following individual, _____, has been examined in my office and determined to be free from any health impairment that is of potential risks to others or that may interfere with the performance of his/her duties as a staff member working with individuals with Alzheimer's disease and related forms of dementia.

PPD/Mantoux Skin Test Implanted (Date): _____
Results: _____ Positive _____ Negative _____ Date: _____

If positive, please indicate any follow-up testing and results: _____

Comments: _____

Physician Name: _____ Telephone: _____

Physician Signature: _____ Date: _____