



LONG ISLAND Alzheimer's & Dementia CENTER



Application can be sent to
Julia Camilleri at:
jcamilleri@lidementia.org

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 at least
one)

Monday Tuesday Wednesday Thursday Friday Saturday

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 videos may be taken during 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 on TV, and the volunteers/interns names may be printed in a related caption or article.

We permit such photography and videotaping, including the release of the volunteers/interns names and photos only with **written** consent. Please indicate on the form below whether 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 person 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 at least a month to LIAD and one day per week.
- A Dementia 101 Training will be conducted within your first or second week of volunteer work.
- A negative PPD is required prior to volunteering.
- 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 NOT be asked to toilet or feed individuals.
- Volunteers will be given a lunch break from 12:00-12:30p but are also welcome to assist staff with lunch duty (ex: handing out napkins, utensils, etc.)
- Volunteers must present a neat and clean appearance, and wear clothing suitable for conducting LIAD's business. Unacceptable attire includes ripped clothing, stained clothing, exposed undergarments, low cut blouses and flip flops is not permitted.
- Volunteers may NOT take photos or videos of participants.
- Cell phone use is PROHIBITED in program rooms for the safety of participants. They must be silent/vibrate and used only in the case of an emergency.

By signing, I acknowledge that I have read and understand the volunteer guidelines established by the Long Island Alzheimer's & Dementia Center. I recognize failure to adhere to these guidelines may result in the termination of my volunteer service.

Name

Date



Professional and/or Personal References

For volunteers 16 and up, please list 2 professional and/or personal references. This is a part of our onboarding process. Thank you.

Full Name: _____ Relationship: _____

Phone: _____

Full Name: _____ Relationship: _____

Phone: _____

Signature: _____ 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: _____