

# Volunteer Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ cell home work

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Where do you currently work: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Where else have you volunteered: \_\_\_\_\_

Why do you want to volunteer with us: \_\_\_\_\_

In what capacity would you like to volunteer with us: *Circle all that apply*

Office Help

Special Events

Support Groups

Event Committees

Board of Directors

Other: \_\_\_\_\_

*There will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By signing below, you grant the American Parkinson Disease Association, Inc. (APDA) permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, websites, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the APDA program. By granting permission below, you hereby release and hold harmless American Parkinson Disease Association, Inc. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APDA USE ONLY**

App received: \_\_\_\_\_ Contacted: \_\_\_\_\_ Orientation: \_\_\_\_\_

Notes: \_\_\_\_\_