



## Volunteer Positions Available at Long Island Alzheimer's Foundation

1025 Old Country Road, Suite 115, Westbury, NY 11590

*Long Island Alzheimer's Foundation (LIAF) seeks mature, compassionate, reliable students to assist in its activity programs for people living with Alzheimer's disease (AD) and related forms of dementia.*

### **Volunteer tasks include:**

- *Greeting LIAF participants upon their arrival to program;*
- *Assisting staff with large group activities for people with AD and related dementias;*
- *Leading participants in small group table games, such as Scrabble and Yahtzee;*
  - *Assisting staff with supervision of program participants;*
- *Helping to connect program participants with their transportation at the end of the day (escorting participants to their buses, rides, or cabs); and*
  - *Assisting staff with clerical tasks on an as-needed basis.*

***Flexible scheduling, 1-5 days/week during business hours***

***(busiest hours are 10 AM – 2 PM)***

*For more information or to schedule an interview, please call:*

*Lindsay Knudsen, LMSW (516) 767-6856, ext. 17*

[www.liaf.org](http://www.liaf.org)



**LIAF Volunteer Application**

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

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

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

**Contact Information:**

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Education (Last grade/degree completed): \_\_\_\_\_ Major/Area of Study: \_\_\_\_\_

Is your volunteer work part of a school program/requirement (if so, please specify):  
\_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Skills: \_\_\_\_\_

How did you learn about LIAF?: \_\_\_\_\_

**What days and hours are you available each week to volunteer?**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Stop Time							

What volunteer activities are of interest to you? (Please check all that apply)

\_\_\_ Assist in LIAF Activity Programs (working directly with participants)

\_\_\_ Reception Work (Answering Phones, greeting people)

\_\_\_ Computer Work/Data Entry

\_\_\_ Mailings

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Signature of Person Completing Application: \_\_\_\_\_



## PLEDGE OF CONFIDENTIALITY

I, \_\_\_\_\_ am volunteering my time to work for the Long Island Alzheimer's Foundation (LIAF). I understand that in the course of my work for LIAF, I may learn certain facts about individuals being served by LIAF that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, 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 also 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 of any person not affiliated with LIAF and authorized by LIAF to have such information.

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

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*Signature*

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*Date*



## LIAF CONSENT FOR PUBLICITY

On occasion photographs and/or video may be taken during any and all LIAF programs, events and conferences. Photographs may be used in LIAF 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 photographs or videos may be printed in newspapers or shown on TV, and the volunteers' names may be printed in a related caption or article. We try to honor appropriate requests from the media as we are always seeking ways to inform families of our programs and to secure funding and other support for the services LIAF offers. Publicity through media coverage is an important part of this educational process.

We permit such photography and video-taping, including release of the volunteers' names, only with your written consent. Please indicate on the form below whether or not you give consent to have yourself photographed, videoed and/or named while participating in LIAF activities.

It is important that you return this form whether you give consent or not. If you have questions, please call (516)767-6856.

Thank You.

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\_\_\_\_ YES, you may take photos and videos of \_\_\_\_\_

\_\_\_\_ NO, you may not take photos and videos of \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN TO:

Long Island Alzheimer's Foundation, 1025 Old Country Road, Suite 115, Westbury, NY 11590