ACE VOLUNTEER APPLICATION

New Orleans Jewish Community Center | 5342 St. Charles Ave | 504-897-0143

Name ____________________________ DOB ________________
Address __________________________ City/Zip ________________
Email ____________________________ Phone ________________
Means of Transportation ____________ Occupation ____________

Education: High School yes no College yes no Years Completed ______

Experience: Please provide particular details about any experience with older adults, Alzheimer’s disease, or other volunteer participation: ____________________________
________________________________________________________________________
________________________________________________________________________

Hobbies, leisure time activities, talents and strengths: ____________________________
________________________________________________________________________
________________________________________________________________________

What factors influenced you most strongly to consider volunteering for the Respite Program?
________________________________________________________________________
________________________________________________________________________

TIME REQUIREMENTS

Volunteers are expected to:

Make a commitment to attend two sessions each month.
Attend training sessions and staff meetings.
Promptly notify the Program Director if unable to attend your scheduled program session.
Commit for one year.

QUALIFICATIONS

Concern for, and interest in, older people; ability to work cooperatively with volunteer team members; good communication skills; ability to accept and understand limitations of persons with Alzheimer’s disease.

For more information or questions, contact Rachel Ruth at rachel@nojcc.org or 897-0143.