**VOLUNTEER JOB DESCRIPTION**

**Purpose of Volunteer Position**

The Alzheimer & Parkinson Association of Indian River County is dedicated to serving community residents with disorders affecting memory and movement. Volunteers help by providing information, education, support and advocacy to those caring for or affected by these diseases.

**Qualifications:**

Prospective volunteers will meet with Alzheimer & Parkinson Association staff members and receive training prior to beginning their service. Volunteers must have an interest in helping others and providing support to those who contact the Association or come into the office seeking help. Volunteers must be reliable and dedicated to the mission of the Association.

After meeting or talking with a staff member, the volunteer will complete a **VOLUNTEER APPLICATION**. All volunteers must sign a confidentiality agreement, work as a team, be dependable, be supportive of the organization and its mission and promote a positive atmosphere. Volunteers are asked to complete a **VOLUNTEER HOUR SHEET** after each day in the office or out in the community.

**Areas of Interests**

* Office: telephone, computer, filing, library, and/or organizing information packets for community outreach.
* Activities Center: art class, exercise class, Qi Gong, Tremble Clefs, Movin’ and Groovin’
* Memory Screenings
* Dementia Friendly Community Project, including the Dementia Experience
* Social Respite Group—Groups held in Vero, Sebastian, the Island and Gifford
* Fundraising – special events
* Education and Support Groups
* Publicity – pamphlet and newsletter distribution
* Community Outreach – Health Fairs

**Office Hours**

Monday through Friday from 9:00 a.m. – 5:00 p.m.

Alzheimer & Parkinson Association staff will work with Volunteers to match them with activities and interests they are comfortable with and that best fits in their schedule.

***2300 5th Ave., Suite 150, Vero Beach, FL 32960*** [***www.alzpark.org***](http://www.alzpark.org) ***Phone: 772-563-0505 Fax: 772-563-0758***

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

The organization requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients and others they serve.

The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information pertain to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Failure to comply with the confidentially policies of the organization may result in disciplinary actions, including the dismissal of the volunteer.

I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with the organization.

|  |
| --- |
| Signature: |
| Print Name: |
| Date: |
| Coordinator: |

*Please sign & return to the Outreach Coordinator*

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**Alzheimer & Parkinson Association of IRC**

**(APAIRC)**

**PHOTO RELEASE FORM**

I hereby grant the APAIRC permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the APAIRC and will not be returned.

I hereby irrevocably authorize the APAIRC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the APAIRC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS** **OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

**On behalf of (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signer/Relationship (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER APPLICATION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City/State/Zip |  |
| Phone Home |  |
| Cell |  |
| Email Address |  |

**SPECIAL INTERESTS: PLEASE CHECK ALL THAT APPLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activity Center | Health Fairs |  |
|  | Community Outreach | Day of Hope |  |
|  | Dance | Education/Conferences |  |
|  | Exercise Class | Fundraising |  |
|  | Movin’ & Groovin’ | Newsletter |  |
|  | Office Skills | Project LifeSaver |  |
|  | Publicity | Qi Gong |  |
|  | Support Groups | Tremble Clefs |  |
|  | Dementia Experience | Walk to Remember |  |
|  | Memory Screening | | |
|  | Social Respite Groups- Sebastian, Gifford, Memory & Motion Center | | |
|  | Art Classes- VB Museum of Art/Alz. Parkinson | | |

Date: \_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_