



Fairfax 3953 Pender Drive, Suite 100, Fairfax, VA 22030, 703-204-4664
Sterling 45945 Center Oak Plaza, Suite 190, Sterling, VA 20166
Online InsightMCC.org

Insight Memory Care Center Volunteer Application

Application date: _____ **Volunteer Name:** _____

How did you learn about volunteering at IMCC? (Check all that apply)

IMCC website	<input type="checkbox"/>	George Mason University	<input type="checkbox"/>
Volunteer Fairfax	<input type="checkbox"/>	Marymount University	<input type="checkbox"/>
Volunteer Match	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Create the Good (AARP)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Volunteer Requirements:

- A consistent schedule works best for the community IMCC serves. IMCC requests that ongoing volunteers provide support a minimum of 2 hours per shift and at least 10 hours per month. Volunteers must be able to serve for at least 3 consecutive months.
- Some volunteers provide support for specific events or activities that do not require an ongoing schedule.
- Some volunteers wish to provide support as part of a group on specific events that do not require an ongoing schedule.
- Volunteers under 16 years of age must be accompanied by a supervisory adult.
- Volunteers under 18 years of age must have a responsible adult co-sign all volunteer paperwork.
- Students, please attach a letter of recommendation from an adult community member, such as a teacher, coach, faith leader, etc. No family members please.
- IMCC will do a background check and Tuberculosis screening for all volunteers and supervisory adults.
- All volunteers and supervisory adults are required to attend a one-hour IMCC orientation.

Application date: _____ **Volunteer Name:** _____

Availability:

How many hours per shift are you available? _____

What times of the day are you available? Mornings _____ Lunchtime _____ Afternoons _____

What Days of the Week are you available?

Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

Are you interested in providing volunteer support that is not on an ongoing basis? Explain:

Locations (check all that are of interest):

- IMCC Adult Day Care Center at 3953 Pender Drive, Suite 100, Fairfax, VA 22030, opportunities Monday through Friday from 9 am to 5:30 pm _____
- Reconnections Fairfax Early-Stage Programming at the Mazawey Education and Support Center, located at 3955 Pender Drive, Fairfax, VA 22030, Mondays, Tuesdays, Thursdays, and Fridays, from 9:30 am to 3:30 pm _____
- Reconnections Sterling Early-Stage Programming at 45945 Center Oak Plaza, Suite 190, Sterling, VA 20166, Mondays, Tuesdays, Wednesdays, and Fridays, from 9:30 am to 3:30 pm _____
- Reconnections Alexandria Early-Stage Programming at Elancé of Old Town, located at 400 N Washington St, Alexandria, VA 22314, Wednesdays, from 9:30 am to 3:30 pm _____

Areas of Interest (check all that apply):

Creative Programs/Art Programs _____

Productive and Sensory Programs _____

Movement & Physical Programs _____

Reflective Programs _____

Language/Speech Programs _____

Outdoor Programs/ Gardening _____

Obie Projector/VR Goggle Programs _____

Nature Programs _____

Photography/Video Projects _____

Bringing a certified pet to provide therapy _____

Computer/Technical Projects _____

Volunteering as part of a group _____

Social Engagement Programs _____

Special Events/Fundraising _____

One on One or Small Group Interactions _____

Other: _____

Application date: _____ Volunteer Name: _____

Experience:

Do you have any personal experience with the following? (Check all that apply)

Alzheimer's disease or other dementia	<input type="checkbox"/>
Family member or close friend has dementia	<input type="checkbox"/>
Caregiver for someone with dementia	<input type="checkbox"/>

Why do you wish to volunteer with IMCC? _____

List current and previous volunteer work: _____

Education:

Highest level of school completed (check):

Grammar (write in grade): ____ High School (write in grade) ____ Bachelors ____ Masters ____ PhD ____

Are you a current student? Yes ____ No ____ What year of your studies are you in? _____

What are you studying? _____

What languages do you speak? _____

Volunteer Contact Information:

Name: _____ Name you would like to be called: _____

Preferred Pronouns (check all that apply): she/her ____ he/him ____ they/them ____

Date of Birth: ____ / ____ / _____

Address: _____ City, State Zip: _____

Phone: _____ Email: _____

Preferred communication (check one): email ____ phone ____

Application date: _____ **Volunteer Name:** _____

For volunteers under 18 years of age provide contact information for a responsible adult:

Name: _____ Name you would like to be called: _____

Preferred Pronouns (check all that apply): she/her ___ he/him ___ they/them ___

Date of Birth: ___ / ___ / _____

Address: _____ City, State Zip: _____

Phone: _____ Email: _____

Preferred communication (check one): email ___ phone ___

Emergency Contact:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2 _____