American Parkinson Disease Association
Greater St. Louis Chapter
1415 Elbridge Payne, Ste. 150
Chesterfield, MO 63017

Dear Prospective Volunteer,

Founded in 1961, the American Parkinson Disease Association (APDA) is the largest grassroots network dedicated to fighting Parkinson disease and works tirelessly to assist the more than 1 million Americans with Parkinson disease live life to the fullest in the face of this chronic, neurological disorder.

Volunteers help with many of the services provided by the APDA - Greater St. Louis Chapter for people with Parkinson disease and their families. We make every effort to place individuals in the position of their interest. However, volunteer position availability varies. Roles provided by our volunteers include:

- Office management support, such as assembling welcome packets
- Calling or writing a note for a person with Parkinson disease
- Support group leader
- Special project and event support
- Assisting an exercise class instructor

Please complete the enclosed volunteer application form. Some volunteer roles also require a phone or personal interview, orientation and/or background check. For questions regarding the volunteer application process and the requirements for specific roles, please contact Tricia Creel at 636-778-3377 or pcreel@apdaparkinson.org.

We look forward to having you as a valuable member of the APDA - Greater St. Louis Chapter.

Sincerely,

Tricia Creel, PT, DPT, NCS
Wellness Program Coordinator
American Parkinson Disease Association - Greater St. Louis Chapter
Volunteer Application

Application Date: ______________________

Volunteer Position Sought: __________________________________________________________

Name: __________________________________________________________________________

Age Group (circle one): 14-17      18 or older

Home Address: ____________________________________________________________________

Phone: __________________________________________________________________________

Email: __________________________________________________________________________

Emergency Contact (name, relationship and phone number): ____________________________
________________________________________________________________________________

What is your availability (start and end dates, times, days of week)?
________________________________________________________________________________
________________________________________________________________________________

Highest level of Education: __________________________________________________________

Current Employer/School: ____________________________
Position/Major: ______________________________________

Special training, skills: _____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Have you ever been convicted of a crime? (if yes, please explain the nature of the crime, the
date of the conviction and disposition): ______________________________________________
________________________________________________________________________________
________________________________________________________________________________

GREATER ST. LOUIS CHAPTER