

## Community Partner Agreement

Business/Organization Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

My business/organization is a

- |   |   |
|---|---|
| <input type="checkbox"/> Banks/Financial Service        | <input type="checkbox"/> Local Government Agency/School           |
| <input type="checkbox"/> Residential and Specialty Care | <input type="checkbox"/> Legal and Advance Planning Service       |
| <input type="checkbox"/> Business                       | <input type="checkbox"/> First Responder/Emergency Service        |
| <input type="checkbox"/> Health Care System             | <input type="checkbox"/> Transportation, Housing and Public Space |
| <input type="checkbox"/> Faith Community                | <input type="checkbox"/> Non-Profit Agency                        |

My business/organization will:

- Attend or host a Dementia Friendly @ Work training session and pass the post-test
- Train a minimum of 50% of staff/volunteers with a goal of 100%
- Incorporate Dementia Friendly @ Work information in new staff/volunteer orientation
- Agree to review information on environmental changes and consider improvements
- Agree to support those caring for loved ones where possible

My business/organization will be able to:

- Identify a customer or client who may have Alzheimer's disease or a related dementia
- Use patience and understanding when communicating with someone living with Alzheimer's disease or a related dementia
- Provide assistance to the person with Alzheimer's disease or a related dementia and to the person caring for them
- Create or modify business practices to benefit or accommodate those who may have Alzheimer's disease or a related dementia

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
(my name) (business/organization name)

**commit to achieving all the above requirements.**

Enclosed, please find my donation to help support Dementia Friendly Central Virginia

\$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ Other amount \$ \_\_\_\_\_

Please make checks payable to *Thomas Jefferson Planning District Commission* and indicate *Dementia Friendly Central Virginia* in the memo.

**Thank you for your interest  
in becoming a DFCV Community Partner!**

dfcentralvirginia@gmail.com

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