



**BRAIN INJURY
SERVICES**

Informed Consent Form & Code of Conduct

I, _____ wish to volunteer my services as part of Brain Injury Services volunteer program.

I wish to volunteer and hereby assume the risk, with respect to any liability of Brain Injury Services for such risks, of any accident or injury to persons or property which I may sustain in connection with my participation as a volunteer. In addition, I hereby release and discharge Brain Injury Services and any of its directors, employees, partners, affiliates, agents and successors from any and all liability for any such accident or injury.

Understanding that Brain Injury Services is an organization involved in assisting survivors of brain injuries and their families, I hereby affirm that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I hereby understand that as a volunteer of Brain Injury Services I am representing the organization when performing my duties. I agree to adhere to the Volunteer Code of Conduct. I will exhibit maturity and a respect for the individuals associated with Brain Injury Services and communicate appropriately with individuals associated with Brain Injury Services. I will be dressed appropriately for the job which I am to perform. I will not deliberately destruct facilities or equipment, possess fireworks or firearms except under supervision for a specific activity, possess or use alcoholic beverages or illegal drugs prior to or during my volunteer assignment. I will not disrespect consumers, their families or any individuals associated with Brain Injury Services. I understand that failure to adhere to the Volunteer Code of Conduct will result in the termination of my volunteer job.

I have read and understand this Informed Consent Form and Code of Conduct.

Signature of Volunteer

Date

Signature of Responsible Adult

Date

****If the volunteer is a minor, the signature of the minor's parent/responsible adult must accompany the signature of the volunteer.**