



BRAIN INJURY SERVICES

Informed Consent Form and Code of Conduct

I, _____, wish to participate in BIS Volunteer Placement Program in order to volunteer my time in the community. I understand the nature of volunteer activities and traveling to and from the volunteer location may involve potential risk of injury including but not limited to falls, getting lost, vehicle accidents, medical emergencies on site.

By signing this form, I also agree that Volunteer Placement Program Specialist will assist in looking for a volunteer job incorporating my strengths and interests in the community on behalf of me with using the name of Brain Injury Services, Inc. I understand that this may involve disclosing my disability.

Knowing this, I still wish to participate in BIS Volunteer Placement Program and volunteer my time in the community. Thus, I hereby assume the risk, with respect to any liability of Brain Injury Services, Inc. for such risks, of any accident or injury to persons or property which I may sustain in connection with my participation to the volunteer program. In addition, I hereby release and discharge Brain Injury Services, Inc. and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability for any such accident or injury.

I hereby understand that I am representing Brain Injury Services, Inc. when performing my volunteer duties in the community. I agree to adhere to the Volunteer Code of Conduct of BIS and the volunteer site if applicable. I will exhibit maturity and a respect for the individuals associated with my volunteer site and Brain Injury Services, Inc. I will come dressed appropriately for the volunteer job which I am to perform in the community. I will not deliberately destruct facilities or equipment, possess fireworks or firearms, possess or use alcoholic beverages or illegal drugs prior to or during my volunteer assignment. I will not disrespect any individuals associated with my volunteer site and Brain Injury Services, Inc. I understand that failure to adhere to the Volunteer Code of Conduct will result in the termination of my participation of BIS Volunteer Placement Program.

I have read and understood this Informed Consent Form and code of Conduct.

** If the volunteer is minor or has a guardian, the signature of the responsible adult must accompany the signature of the volunteer.

Signature of Volunteer

Date

Signature of Responsible Adult

Relationship

Date

Signature of Volunteer Placement Program Specialist

Date