



BRAIN INJURY SERVICES

PALS Volunteer Application

Personal Information

Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____

Email: _____

Birthday (optional): _____

The BEST days and times to reach you are _____

The BEST way to reach you is: _____ by phone _____ by email

Briefly describe why are you interested in becoming a PAL and what you would like to gain from this experience.

What is your full-time occupation (if you are a student, please state your year in school)

Is your schedule predictable on a weekly basis: ___ Yes ___ No

The time commitment of being a PALS volunteer consists of a weekly phone or e-mail contact with your PAL and a once a month in person activity. Considering your schedule, do you feel you can make the time commitment to your PAL? _____

Have you ever volunteered before? _____ If so, where? _____

Match Information

Please describe yourself in three words

1) _____ 2) _____ 3) _____

Please check the activities that you most enjoy:

___ Watch movies ___ Play Sports ___ Dance ___ Play cards

- | | | | |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Watch TV | <input type="checkbox"/> Cook | <input type="checkbox"/> Garden | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Watch sports | <input type="checkbox"/> Do puzzles | <input type="checkbox"/> Sew | <input type="checkbox"/> Take walks |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Write letters | <input type="checkbox"/> Sing | <input type="checkbox"/> Talk on phone |
| <input type="checkbox"/> Computer games | <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Fix cars | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Play instruments | <input type="checkbox"/> E-mail | <input type="checkbox"/> Travel | <input type="checkbox"/> Shop |
| <input type="checkbox"/> Spend time with family | <input type="checkbox"/> Read | | |
| <input type="checkbox"/> Other: _____ | | | |

Please list specific examples of activities that you enjoy. For example, you enjoy watching college basketball or grow tomatoes every year.

Do you own a car? _____
 If yes, would you be willing to use your car to meet with your PAL? _____ (please attach a copy of your insurance card).
 If no, what means do you intend to use to see your PAL? _____

(Optional) Is there anything else you would like to have us consider when pairing you with a PAL?

Acknowledgement of policies and procedures:

Please initial below to show that you have read and fully understand each statement.

_____ I understand that the PALS Volunteer Specialist may have to disclose certain information about me to my PAL or possible PAL. (Your name and other identifying information will be made confidential until the actual match is made.)

_____ I will communicate weekly with my PAL and will see my PAL at least once a month and participate in scheduled group activities.

_____ I give permission for me to be photographed or filmed at PALS events and for the photos or footage to be used by BIS and/or the media.

_____ I understand that as part of my application to the PALS Program, Brain Injury Services, Inc. will conduct a background check including but not limited to criminal history, driving records and social security number check.

Signature of Applicant

Date

Signature of PALS Volunteer Specialist

Date

Please read and sign the attached Code of Ethics form. Thank you for your interest in the program. We will contact you as soon as a match can be made.