



Volunteer Application

Personal Information

Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Birthday: (optional) _____

The BEST way to reach you: ___ by phone ___ by email

Briefly describe why are you interested in becoming a volunteer 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

Considering your schedule, how much volunteer time do you feel you can commit? _____

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:

- | | | | |
|-------------------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Watch movies | <input type="checkbox"/> Play sports | <input type="checkbox"/> Dance | <input type="checkbox"/> Play cards |
| <input type="checkbox"/> Watch/TV | <input type="checkbox"/> Cook | <input type="checkbox"/> Watch sports | <input type="checkbox"/> Do puzzles |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Write letters | <input type="checkbox"/> Computer games | <input type="checkbox"/> Arts/crafts |
| <input type="checkbox"/> Play instruments | <input type="checkbox"/> E-mail | <input type="checkbox"/> Family time | <input type="checkbox"/> Read |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Sew | <input type="checkbox"/> Sing | <input type="checkbox"/> Fix cars |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Fish | <input type="checkbox"/> Taking walks | <input type="checkbox"/> Talk on phone |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Shop | <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 volunteer? ____
(Please attach a copy of your insurance card).
If no, what means do you intend to use to volunteer? _____

Is there anything you would like to have us consider if pairing you with a client match?

Acknowledgement of policies and procedures:

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

_____ I understand that the Director of Community Engagement may have to disclose certain information about me to a client match or possible client match. (Your name and other identifying information will be made confidential until the actual match is made.)

_____ I give permission for me to be photographed or filmed at volunteer 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 Volunteer 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 Director of Community Engagement _____ Date _____