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|  | **Brain Injury Association of Waterloo-Wellington**  **Advocate | Educate | Connect | Empower**  **Email**: [info@biaww.com](mailto:info@biaww.com)  **Website**: [www.biaww.org](http://www.biaww.org)  **Twitter:** <https://twitter.com/BIAWtlooWell>  **“Like” us on Facebook:**  [www.facebook.com/BrainInjuryAssociationWaterlooWellington/](http://www.facebook.com/BrainInjuryAssociationWaterlooWellington/) |

# Volunteer Application

## Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**: |  |  |  | Date: |  |
|  | Mr./Mrs./Ms. | First | Last |  |  |

|  |  |  |
| --- | --- | --- |
| **Address**: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone**: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Email** | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Age**: \_\_\_under 18 \_\_\_19-30 \_\_\_31-50 \_\_\_51-65 \_\_\_66+

## Availability

**Please indicate how many hours per week/month/year you wish to volunteer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate what days you are available:**

\_\_Monday \_\_Tuesday \_\_Wednesday \_\_Thursday \_\_Friday \_\_Saturday \_\_Sunday

**Please indicate what times you are available:**

\_\_Mornings \_\_Afternoons \_\_All Day

**What will your time commitment be?**

\_\_\_2+ years \_\_\_1 year \_\_\_6 months \_\_\_On an ‘as needed’ basis

**Do you have special needs or restrictions we should be aware of?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What date can you begin volunteering?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Interests

**Why are you interested in volunteering with BIAWW?**

\_\_ ABI survivor \_\_\_ABI caregiver \_\_\_Personal interest \_\_Student placement

\_\_Community service hours \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In what areas are you most interested in volunteering with BIAWW?** (check all that apply)

\_\_\_Board of Directors (note: please complete the Board of Directors application on our website)

\_\_\_Support Groups (e.g., meeting facilitators, distributing flyers)

\_\_\_Lidz on Kidz program (e.g., assist coordinating school and community programs, fit helmets)

\_\_\_Information booths at community events

Please indicate if you would like to volunteer at

\_\_\_”The Brain” exhibit at The Museum, Sept 2017-April 2018

\_\_\_Children’s Safety Village open house, Saturday May 11, 2019

\_\_\_Special Events/Fundraisers

Please indicate if you would like to volunteer at

\_\_\_Oktoberfest Warm-Up Thursday September 27, 2018

\_\_\_Unmasking Project (e.g., transporting masks, set up and tear down displays)

\_\_\_Art Program

\_\_\_Facebook support (e.g., contributing and tracking posts)

\_\_\_Outreach (e.g., researching other demographics: seniors, newcomers, low income)

\_\_\_Other (please list/describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Experience and Education

**Please describe your educational/training/certifications background:**

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**Please describe your employment history, including a brief description of your duties:**

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**Please describe your volunteer history, including a brief description of your duties:**

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**Please specify what skills you have that will assist you in the volunteer position that you are interested in:**

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**Do you have any formal qualifications that are related to the volunteer work that you wish to do? If so, please specify:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What do you hope to gain from your volunteer experience with BIAWW?**

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## Criminal History

All volunteer positions require a Criminal Reference Check.

**Do you have a recent CRC (within the last two years)?** \_\_\_Yes \_\_\_No

**Do you give BIAWW permission to conduct a CRC?** \_\_\_Yes \_\_\_No

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**Name** **(printed)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with BIAWW.