



Volunteer Application

Date _____

Full Name _____

Address _____

City and Province _____

Postal Code _____

Email Address _____

Home Phone Number _____

Cell Phone Number(Optional) _____

Emergency Contact Information:

Emergency Contact _____

Relation to Emergency Contact _____

Emergency Contact Phone Number _____

Please select the position(s) you are interested in.

Periodic Events

- | | |
|---|---|
| <input type="checkbox"/> Sports & Sparkles Gala | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Helmets on Kids |
| <input type="checkbox"/> Duelling Pianos | <input type="checkbox"/> Unmasking Brain Injury |
| <input type="checkbox"/> Concussion Workshop | <input type="checkbox"/> Other: _____ |

Sub-Committee Work

- | | |
|---|---|
| <input type="checkbox"/> Fund Development Committee | <input type="checkbox"/> Social Committee |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Outreach Committee |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> |

Availability

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Event Only | <input type="checkbox"/> Night |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Day | <input type="checkbox"/> Other _____ |

How did you find out about BIAWE?

Why do you want to volunteer with BIAWE?

Are you volunteering to meet requirements (community service/high school hours)?

- Yes No

Please specify the times that would be convenient for you to participate in an interview over the phone.

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 6pm-9pm |
| <input type="checkbox"/> 12pm-3pm | <input type="checkbox"/> I am not willing to participate in an interview |
| <input type="checkbox"/> 3pm-6pm | |

Proclamation

By submitting this application, I understand that volunteer placement is made on the basis of the program requirements, the skills and experiences of the applicant and the successful reference checks. BIAWE may need to collect personal information appropriate to the position(s) applied for concerning my academic background and employment/volunteering history, and to conduct reference checks. You may be required to provide a police reference check. I will undergo any training required and fulfil my duties in a reliable, punctual and safe manner.

BIAWE adheres to the Freedom of Information and Privacy Act. BIAWE respects your privacy and will not trade or sell your personal information to other organizations

By selecting "I agree" box below, you acknowledge that the information provided is true and accurate and that you have read and understand the points above.

Do you agree?

Yes

No

Signature of Volunteer Applicant _____

Date _____

Parental Approval

(A youth under the age of 18 years is required to obtain parental approval to volunteer with BIAWE.)

I am the parent and/or legal guardian of _____ who is under 18 years of age.

I hereby consent to give _____ permission to volunteer at BIAWE.

Parent/Legal Guardian's Name Printed _____

Parent/Legal Guardian's Signature _____

Date: _____

Parent's email address (for verification only) _____

All volunteers will be sent information about BIAWE programs, services, events and special appeals, and will be added to our database.

Send your completed application to Volunteer @biawe.com or call 519-981-1329 for more information.

THANK YOU FOR VOLUNTEERING WITH THE BRAIN INJURY ASSOCIATION.