

Volunteer Application

Name		Date
Address		
City		State & Zip
Telephone (day)	Evening or mobile	
E-mail	Birthdate	
Do you have any special considerations, ie. Physical or medical that we should be aware of?		

Emergency Contact

Name	Relationship
Telephone (day)	Evening or Mobile

Volunteer Experience

Please list any previous volunteer experience:

Work Experience

Are you currently employed?	Yes	No	Fulltime	Part Time
Please tell us about your background.				

Affiliations & Languages

Please list any affiliation that you have that you would be willing to contact on behalf of the BIAAZ

Do you speak any languages other than English? If so, please list:

Criminal Background

Have you ever been convicted of a crime?

If yes, please explain

References

Name	Telephone
Relationship	
Name	Telephone
Relationship	

How did you learn about our organization/ volunteer opportunities?

Availability for Volunteering

Daytime	Evening	Weekend	M	T	W	Th	F	Sa	Su
Ongoing	Special Events/ Occasional Opportunities		Fewer than 10 hours per month				More than 10 hours per month		

Please indicate your volunteering areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Newsletter Writer | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Health Fair Attendees | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Administrative Volunteer | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Committee Member: |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Camp |
|
<input type="checkbox"/> Other | |

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I also understand that falsification of this application can disqualify me from consideration or result in dismissal upon discovery. I understand that submitting this information does not guarantee my acceptance into this volunteer program, and that the assignment of volunteer work is based on assessments made by the Brain Injury Association of Arizona staff. I grant the Brain Injury Association of Arizona permission to contact the references listed on this application, and to run a background check. Finally I understand that as a volunteer, I will be required to abide by all rules and regulations of the Brain Injury Association of Arizona.

Please do not print my name in publications.

Applicant's Signature

Date

Parent or Legal Guardian's Signature, if applicant is under 18

Date

Please return to:
Brain Injury Association of Arizona
777 E. Missouri Avenue, Suite 101
Phoenix, AZ 85014

E-mail: dawn@biaaz.org
Phone: (602) 508-8024
Fax: (602) 508-8285