



Name		Date
Address		
City		State & Zip
Telephone (day)	Evening or mobile	
Email		Birthday (no year)
Do you have any special considerations, i.e. physical or medical, that we should be aware of?		

EMERGENCY CONTACT

Name	Relationship
Telephone (day)	Evening or mobile

VOLUNTEER EXPERIENCE

Please list places where you have served as a volunteer.
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CURRENT OR MOST RECENT EMPLOYMENT

Employer	From	To
Position		

EDUCATION

Are you presently attending school?
If so, will you receive academic credit for your volunteer work?
Highest Degree Attained/School

CRIMINAL BACKGROUND

Have you ever been convicted of an offense for which a pardon was not granted?
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REFERENCES

Name	Telephone
Relationship	

Name	Telephone
Relationship	

How did you learn about volunteering with us?		
Have you ever applied to volunteer with us before this?	Yes	No

(Continued)

AVAILABILITY FOR VOLUNTEERING (CHECK ALL THAT APPLY)

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			

PLACEMENT

Why do you wish to volunteer for the Brain Injury Association of Minnesota?
What skills, interests, hobbies or experiences do you have that may help us place you?
What types of volunteer jobs or activities interest you?
Please indicate any additional information that may be helpful to us.

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 the volunteer program, and that assignment of volunteer work is based on assessments made by Brain Injury Association of Minnesota staff. I grant the Brain Injury Association of Minnesota permission to contact the references listed on this application in order to determine suitability for volunteer placement. Finally, I understand that as a volunteer, I will be required to abide by all rules and regulation of the Brain Injury Association of Minnesota.

Please do not print my name in publications.

IF SUBMITTING BY EMAIL, YOU CAN SIGN AT THE TIME OF YOUR INTERVIEW

_____	_____
Applicant's signature	Date
_____	_____
Parent's or Legal Guardian's signature, if applicant is under 18	Date

Volunteers are considered for placement without regard to actual or perceived race, color, religion, sex, national origin or ancestry, age, disability, veteran status, sexual orientation, marital status, status with respect to receipt of public assistance or any other basis protected by federal, state or local law.

Please return to the Volunteer Coordinator
Brain Injury Association of Minnesota
34 13th Avenue NE, Suite B001
Minneapolis, MN 55413

Email: kimberlyf@braininjurymn.org

Fax: 612-378-2789

Questions? Contact the Volunteer Coordinator at 612-238-3234. Thank you for your interest!