



Volunteer/Internship Application

Contact Information			
Name			
Street Address			
City ST ZIP Code			
Home Phone		Alt number	
E-Mail Address			
Availability			

During which hours are you available for volunteer assignments? Please check.

Day	Eve	Weekend	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Ongoing	Special Events/Occasional		Less than 10 hours month			More than 10 hours a month			

Education

Are you presently attending school? Yes__ No__

If yes, will you be seeking credit for this experience? Yes __ No__

When will you complete your degree?

Highest Level of education: HS diploma ___Some college___ College degree___ type_____

Employment

Employer:

From:

To:

Position:

Why do you want to volunteer/intern for the Brain Injury Association of Indiana?

Describe your previous volunteer experience.

What skills, hobbies, interests do you have that may help us place you?

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What types of volunteer jobs interest me the most?

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References

Name	Phone/email
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Relationship

Name	Phone/email
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Relationship

Emergency Contact

Name	Phone/Email
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Relationship	Phone/Email
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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, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with the Brain Injury Association of Indiana. If you need additional information, please contact our office at (317) 356-7722 or biaIndiana@live.com.

Please email or fax your application to: fax: (317) 802-178; email: biaIndiana@live.com . Or mail to:

Brain Injury Association of Indiana
9531 Valparaiso Court, Suite A
Indianapolis, IN 46268