



Name		Date
Address		
City	State and Zip	
Telephone (day)	Evening or mobile	
Email	Birthday (no year)	
Please describe any special considerations, such as physical or mental, 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.

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? No Yes
If yes please explain on back of page.

REFERENCES

Name	Telephone
Relationship	

Name	Telephone
Relationship	

How did you learn about volunteering with us?

Have you ever applied to volunteer with us previously?

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 Alliance of Montana?

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 Alliance of Montana staff. I grant the Brain Injury Alliance of Montana 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 regulations of the Brain Injury Alliance of Montana.

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 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 Outreach Coordinator
Brain injury Alliance of Montana
1280 South 3rd Street West, #4
Missoula, MT 59801

Website: www.biamt.org
fax: 406.541.4360

Questions? Contact the Outreach Coordinator at 406.541.6442 or 800.241.6442.
Thank you for your interest!