



VOLUNTEER REGISTRATION

This form will enable the Brain Injury Association of the Ottawa Valley to keep an inventory of our volunteers' skills, interests, and other information to help us achieve our goals. Thank you for taking the time to complete and return this form to us.

Name: _____ Date: _____

Address: _____

Telephone: () _____ (home)
() _____ (work)
() _____ (mobile)

Email address: _____

Language Spoken: _____

Education High School University College

Work Experience:

Are you presently employed? Yes No

Employer: _____

Your duties on this job:

Suite 300, 211 Bronson Avenue, Ottawa, ON K1R 6H5 (613) 233-8303

Email: braininjuryottawavalley@bellnet.ca

Website: www.biaov.org

VOLUNTEER EXPERIENCE

Describe any previous/present volunteer work:

Which have you enjoyed the most?

INTERESTS

Special skills: _____

Training: _____

Hobbies:

VOLUNTEER INTERESTS

Office Telephone Committee Fundraising Committee

Programming Committee Membership Committee

Availability:

Maximum 2 hours One day per week One day biweekly

Once per month Other: _____

Please provide two personal references. References may include friends, family, co-workers, professionals, etc.

Reference #1

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Reference #2

Name: _____

Address: _____

Telephone: _____

Relationship: _____

The BRAIN INJURY ASSOCIATION of the OTTAWA VALLEY has my permission to contact the references listed above.

I agree to have a police screening done.

Printed name of applicant

Signature

Date