



# BRAIN INJURY ASSOCIATION SUDBURY & DISTRICT

2750 Bancroft Drive  
Sudbury, Ontario  
P3B 1T9  
Canada

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E-Mail: info@biasd.ca  
Website: www.biasd.ca

**Thank you for expressing interest in volunteering with  
Brain Injury Association Sudbury & District.**

General Information		
Name		
Address		
Contact Information	Home	Cell
	Work	Email
Occupation		Company

Reasons for Volunteering		
<input type="radio"/> Community Involvement	<input type="radio"/> Work Experience	<input type="radio"/> Other:
<input type="radio"/> Community Hours	<input type="radio"/> Educational Experience	
How did you hear about us?		

Volunteer Availability	<input type="radio"/> Weekdays	<input type="radio"/> Weekends
	<input type="radio"/> Evenings	<input type="radio"/> No preference
Volunteer Commitment	<input type="radio"/> 3 Months	<input type="radio"/> 12+ months
	<input type="radio"/> 6 Months	<input type="radio"/> Seasonal/ As Needed

Please indicate the activities that may interest you:
Agency Support Services
<input type="radio"/> Reception Services (assisting with groups, checking messages, mail, email)
<input type="radio"/> Administration (mail outs, filing, organizing and data entry)
<input type="radio"/> Support Services (support group, meeting with clients, workshops)

Education and Outreach
<input type="radio"/> Workshops/Conference Facilitation (public speaking, training volunteers)
<input type="radio"/> Newsletter (article writing, proofing, research, distribution, graphics)
<input type="radio"/> Website (update and maintain webpage)
<input type="radio"/> Peer Support Program (Mentor, partner or Coordinator)

Fundraising & Special Events		
<input type="radio"/> Golf Tournament	<input type="radio"/> Conferences	<input type="radio"/> Helmet Campaign
<input type="radio"/> Holiday Dinner	<input type="radio"/> ABI Awareness Events	<input type="radio"/> School Presentations

**Please highlight the skills and abilities you possess that may be relevant to the volunteer work you would like to do with BIASD.**

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**Please provide a brief description of the following:**

Volunteer Experience	
Work Experience	
Education/Training or relevant life experience	

**Volunteers are required to submit a Criminal Reference Certificate (CPIC). Do you have any objections to providing one?**

<input type="radio"/> Yes	<input type="radio"/> No
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**Please provide us with two relevant references that will be able to comment on your past experiences and skills.**

Name	Relationship:
Contact Information:	
Name	Relationship:
Contact Information:	

**By completing this application, I give permission to Brain Injury Association Sudbury & District to contact the people I have listed as references for the purpose of determining my suitability.**

Applicants Signature	Date: