



Volunteer Application Form

At Dale Brain Injury Services, we provide a continuum of high quality, client centered services to persons affected by an acquired brain injury. By providing services that are accessible, evidence-based and responsive to the changing needs of our clients, our community, and our partners, DBIS supports individuals to maximize their strengths and live healthy, meaningful lives.

First Name: _____ Last Name: _____ Common Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____

***If using an UWO or Fanshawe email, please provide an alternate email as we are unable to reply to either of these email systems**

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____ Relationship: _____ Phone: _____

EXPERIENCES

Previous Work Experience (Paid or Volunteer): _____

Languages Spoken: _____

Skills/Training/Hobbies: _____

Preferred Volunteer Areas:

- | | | |
|--|---|---|
| <input type="checkbox"/> Arts/Craft | <input type="checkbox"/> Volunteer Visitor | <input type="checkbox"/> Music/Instruments/Choir |
| <input type="checkbox"/> Fitness/Healthy Living | <input type="checkbox"/> Group Activities or Facilitation | <input type="checkbox"/> Web/Social Media Support |
| <input type="checkbox"/> Culinary | <input type="checkbox"/> Computer/Internet Guidance | <input type="checkbox"/> Projects/Research |
| <input type="checkbox"/> Office/Administrative Support | | |

Other: _____

REASONS FOR VOLUNTEERING

Why do you want to volunteer at this facility? Check all that applicable

- | | | |
|---|---|---|
| <input type="checkbox"/> Sense of Contributing to the Cause | <input type="checkbox"/> Resume Building | <input type="checkbox"/> Meet Course/School Requirement |
| <input type="checkbox"/> Feelings of Personal Satisfaction | <input type="checkbox"/> Career Decision | <input type="checkbox"/> Social Opportunity |
| <input type="checkbox"/> Use of Skills | <input type="checkbox"/> To Gain Experience | <input type="checkbox"/> Other (specify) |

How did you hear about Dale Brain Injury Services? _____

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REFERENCES

***References must have known the applicant for four months and cannot be family members**

Name: _____
 Phone: _____
 Email: _____
 Relationship to Applicant: _____

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 Phone: _____
 Email: _____
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AVAILABILITY

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

It is preferred that volunteers make a minimum commitment to the program.

I will commit to (please check all that apply) :

- Special Events (such as annual walk-a-thon)
- Less than 6 months
- Six months to 1 year
- 1+ years
- High School Student
- I am away for the summer

AUTHORIZATION AND RELEASE

I understand that the information I have provided in the application to volunteer may be verified by Dale Brain Injury Service's Inc. I hereby grant permission to Dale Brain Injury Service's Inc. to contact any persons and references who might be able to verify the information provided. The information may be used as required for my role as a Volunteer.

I give my full consent to Dale Brain Injury Services Inc., to take my photograph for use of promotion of Volunteers.

Yes No

Are you agreement to having a criminal reference check (VPS) completed?

Yes No

Signature: _____

Date: _____

Please submit your completed form to:

contact@daleservices.on.ca

Dale Brain Injury Services Inc.

345 Saskatoon Street, London Ontario N5W 4R4

Tel: 519-668-0023 / Toll Free: 1-888- 491-3247

Website: www.daleservices.on.ca

Please ensure application is completed and signed.

Thank you for your expression of interest to volunteer at Dale Brain Injury Services.