



BRAIN INJURY NS Volunteer Application Form

Please send completed form, along with your resume
(if you'd like to include it)
and proof of current Criminal Records and Vulnerable Sector Check to
Brain Injury NS PO Box 8804 Halifax NS B3K 5M4
or email info@braininjuryns.com

Please complete all boxes.

First Name	Last Name	
Mailing Address		
Town/City	Province	Postal Code
Telephone		Fax
Email		

Why are you interested in volunteering with the Brain Injury Association of Nova Scotia?

Please describe your volunteer experience and any experience you may have with the brain injury community:

Special skills, training & education:

Hobbies & Interests:

Volunteer roles / activities you are interested in:

- Administrative support (typing, mailouts etc)**
- One-on-one helper, friendly visitor**
- Phoning volunteer (contacting members about programs/events)**
- Computer help (helping with organizing resources, social media)**
- Peer Support Helper (helping with programs, meetings, socials)**
- Public Relations (Brain Injury Awareness Month etc)**
- Driver**
- Fund Development / Fundraising Assistant**

Time Commitment : # of hours available per week _____

Days available /preferred time:

REFERENCES: please provide two from people you have worked or volunteered for:

1. Name & Contact info

2. Name & Contact info

Thank you for your interest in the Brain Injury Association of Nova Scotia. We work to make the lives of some 70,000 Nova Scotians affected by brain injury better through education, support and advocacy. Visit us at www.braininjuryns.com
PLEASE NOTE: Criminal record checks are available at a reduced rate for non-profit volunteers. HRM volunteers please visit www.halifax.ca and search criminal records check, or visit your local police detachment no matter where you are in Nova Scotia.