



**Brain Injury Alliance of Connecticut (BIAC)  
Volunteer Application**

*The information provided on this form is confidential.*

**All volunteers will be invited to a mandatory in office training to learn more about the organization, what the needs are and where you might fit in.**

**Personal Information**

Name: First		Middle	Last	
Home Address: Street		City	State	Zip
Date of Birth (month/day):		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone: Home		Cell		
Email:		Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
How did you hear about BIAC?		Have you ever been convicted of a felony?		
Do you have any experience with TBI? If yes, please explain:		Do you have transportation?		
Primary Language:		Any other languages spoken?		

**Emergency Contact Information:**

Emergency Contact:	Relationship:
Emergency Contact Phone:	

**Areas of Expertise and/or Interest**

Please check the following areas in which you have experience and/or are comfortable.

- |   |   |
|---|---|
| <input type="checkbox"/> Communications/Marketing       | <input type="checkbox"/> Photography                  |
| <input type="checkbox"/> Day of event help              | <input type="checkbox"/> Public Speaking              |
| <input type="checkbox"/> Events planning                | <input type="checkbox"/> Research/Data Collection     |
| <input type="checkbox"/> Filing/Organization            | <input type="checkbox"/> Soliciting in-kind donations |
| <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Support Group Facilitator    |
| <input type="checkbox"/> Microsoft Office Suite/Outlook | <input type="checkbox"/> Training/Education           |
| <input type="checkbox"/> Office Support                 | <input type="checkbox"/> Writing/Editing              |
| <input type="checkbox"/> Photography                    | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Public Speaking                |   |

**Availability**

*Our office is open Monday-Thursday, 8:30am-5pm and Friday, 8:30am-2:00pm, however many events take place on weekends.*

Please indicate your time availability below:					
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Weekends:

**Please explain your primary reason for applying to volunteer with BIAC?**

**Below please give a brief description of your experience and interests:**

***The information provided above is accurate and true to the best of my knowledge.***

**Signed:**  
***(By typing your name you agree to the above statement)***

**Dated:**

**Please Email or mail your application to:**  
Email: [general@biact.org](mailto:general@biact.org)  
Brain Injury Alliance of Connecticut  
200 Day Hill Road, Suite 250, Windsor, CT 06095  
For questions, call 860-219-0291