



# The Brain Injury Association of North Carolina

Offering help, hope, and a voice for people with brain injury and their families.

## Ombudsmen Volunteer Application

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Last Name	First Name	Date
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Address: Street	City	State	Zip Code
Home phone (    )	Work/Cell Phone (    )		

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Email address:	Birth date: Month/day
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Current Employer (if applicable)

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Your position	Work days/hours:
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I have completed: \_\_\_ High School \_\_\_ Some College \_\_\_ College \_\_\_ Graduate School

Previous Volunteer Experience:

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Please give us any other information you feel would be pertinent to your application (interests, skills, training, etc.)

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Reference Information. (Please do not use relatives.)

1. Mr/Mrs/Ms \_\_\_\_\_

First Name	Last Name	Telephone	
Address _____			
Street	City	State	Zip Code
Email Address _____			

2. Mr/Mrs/Ms \_\_\_\_\_

First Name	Last Name	Telephone	
Address _____			
Street	City	State	Zip Code
Email Address _____			

Have you ever been convicted of any criminal violation of law, or are you now subject to pending investigation of charges for violation of criminal law? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

**Emergency Contact Information:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_

Days and Times Available: \_\_\_\_\_

As a volunteer I agree:

I will consider as confidential all information that I may hear or see, directly or indirectly, concerning a survivor or family member.

I hereby certify that the answers on this application and any resulting from interviews are true and correct and that any misrepresentations or omissions of facts, misleading, or false information on my part will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references, verification of information submitted on this application, and satisfactory completion of mandatory requirements. I authorize that all employers, schools, or references thus contacted be released from all liability in answering questions related to my application.

Your signature indicates your approval for us to check references. Filing an application does not assure volunteer placement.

The first ninety days of the volunteer experience will be mutually probationary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail application to BIANC, PO Box 10912, Raleigh, NC Attn: Ombudsman or email [susan.fewell@bianc.net](mailto:susan.fewell@bianc.net)