



The Brain Injury Association of North Carolina

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

Ombudsmen Volunteer Application

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

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

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

Previous Volunteer Experience:

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

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. If selected, Space and Supervision for the Ombudsmen volunteer workers will be provided at the closest BIANC Family and Community Support Office or Resource Center.

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

Signature

Date

Mail application to: BIANC, PO Box 10912, Raleigh, NC 27605 or Fax to 919-833-5415 or email susan.fewell@bianc.net with your completed application.