

# BRAIN INJURY ASSOCIATION OF MASSACHUSETTS

PALS Program Brain Injury **Survivor** Application



<b>APPLICANT INFORMATION</b>															
Last Name	First	M.I.	Date												
Street Address		Apartment/Unit #													
City	State	ZIP													
Phone	E-mail Address														
Date of Birth	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE													
How did you sustain your brain injury?															
Do you have own transportation or can take the MBTA?															
Do you have any medical issues that your BIA MA PAL should be aware of?															
Do you need to take any medication that your BIA MA PAL should know about?															
Are you a veteran? (circle one)    YES            NO															
<b>EMERGENCY CONTACTS</b>															
<i>Please list your primary contact, caregiver, or medical professional</i>															
Full Name		Relationship													
Address		Phone													
Full Name		Relationship													
Address		Phone													
Full Name		Relationship													
Address		Phone													
<b>YOUR INTERESTS (CHECK ALL THAT APPLY)</b>															
<table border="0"> <tr> <td><input type="checkbox"/> Activities</td> <td><input type="checkbox"/> Community Events, Fairs</td> </tr> <tr> <td><input type="checkbox"/> Restaurants</td> <td><input type="checkbox"/> Games (card games, board games)</td> </tr> <tr> <td><input type="checkbox"/> Museums/ Arts &amp; Craft</td> <td><input type="checkbox"/> Playing video and Wii games</td> </tr> <tr> <td><input type="checkbox"/> Movies</td> <td><input type="checkbox"/> Taking Walks</td> </tr> <tr> <td><input type="checkbox"/> Music Events</td> <td><input type="checkbox"/> Attending concerts</td> </tr> <tr> <td><input type="checkbox"/> Shopping</td> <td><input type="checkbox"/> Other (please specify) _____</td> </tr> </table>				<input type="checkbox"/> Activities	<input type="checkbox"/> Community Events, Fairs	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Games (card games, board games)	<input type="checkbox"/> Museums/ Arts & Craft	<input type="checkbox"/> Playing video and Wii games	<input type="checkbox"/> Movies	<input type="checkbox"/> Taking Walks	<input type="checkbox"/> Music Events	<input type="checkbox"/> Attending concerts	<input type="checkbox"/> Shopping	<input type="checkbox"/> Other (please specify) _____
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<b>YOUR AVAILABILITY (CIRCLE ALL THAT APPLY)</b>															
Weekdays	Mon Tue Wed Thu Fri														
Weekends	Sat Sun														
Evenings	(after 5 PM)														

## PROGRAM REQUIREMENTS

- Once matched with a brain injury survivor, volunteers are expected to phone or email their PAL once per week and spend time doing activities once per month. Other monthly group social activities may be planned, but are not required.
- No alcohol or drugs permitted.
- Only pre-screened and approved volunteers are permitted to attend PALS activities.
- Inappropriate verbal, physical or sexual behavior between program participants will not be allowed.
- All volunteers are subject to a Criminal Offender Record Information (CORI) background check.

I agree to the program requirements outlined above. **I have read the above application and completed it to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send the completed application to:

Patty Carlson  
Manager of Volunteers  
Brain Injury Association of MA  
30 Lyman Street Suite 10  
Westborough, MA 01581  
FAX: 508-475-0040  
Phone: 508-475-0032

[pcarlson@biama.org](mailto:pcarlson@biama.org)