

BRAIN INJURY ASSOCIATION OF MASSACHUSETTS

Pals Program **Volunteer** Application



| APPLICANT INFORMATION | | | |
|--|---|---|--|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Date of birth | | |
| Position Applied for | PALS VOLUNTEER | Please check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| How did you hear about us? | Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have knowledge of brain injury? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, how? |
| Do you have a valid driver's license? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, what state? |
| Do you have your own vehicle? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (Proof of valid registration will be required) |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| TELL US ABOUT YOURSELF! | | | |
| Tell us a little about your background and why you chose to participate in the Pals program. Thanks! | | | |
| | | | |
| | | | |
| | | | |
| REFERENCES | | | |
| <i>Please list three personal or professional references.</i> | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |

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| YOUR INTERESTS (CHECK ALL THAT APPLY) | |
|---|---|
| <input type="checkbox"/> Activities <input type="checkbox"/> Restaurants <input type="checkbox"/> Museums/Arts & Crafts <input type="checkbox"/> Movies <input type="checkbox"/> Music Events <input type="checkbox"/> Shopping | <input type="checkbox"/> Community Events, Fairs <input type="checkbox"/> Games (card games, board games) <input type="checkbox"/> Playing video and Wii games <input type="checkbox"/> Taking Walks <input type="checkbox"/> Visiting nursing home residents <input type="checkbox"/> Other |
| YOUR AVAILABILITY | |
| Weekdays M T W T F Weekends Sat Sun Evenings (after 5 PM) | Please list area towns you are willing to travel to for a PAL: |
| PROGRAM REQUIREMENTS | |
| <p>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.</p> <p>No alcohol or drugs permitted.</p> <p>Only pre-screened and approved volunteers are permitted to attend Pals activities.</p> <p>Inappropriate verbal, physical or sexual behavior between program participants will not be allowed.</p> <p>All volunteers are subject to a Criminal Offender Record Information (CORI) background check.</p> <p>I agree to the program requirements outlined above. I have read the above application and completed it to the best of my knowledge.</p> | |
| _____ 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

pcarlson@biama.org