



**VOLUNTEER APPLICATION FORM
2011**

Office only Date received _____

Name _____

Address _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ E-mail _____

Work Experience _____

Volunteer Experience _____

Why are you interested in volunteering with BIAM? _____

I could help BIAM in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Helpline – answering calls and emails, providing information and resources to individuals with brain injury, family members, professionals | <input type="checkbox"/> Newsletter –writing, ad solicitation, editing, lay-out |
| <input type="checkbox"/> Lending Library – organizing library, cataloging new hardcopy print and digital additions, tracking materials | <input type="checkbox"/> General office help – mailings, copying, etc. |
| <input type="checkbox"/> Political Action – advocating in Annapolis and Washington, by phone, email, or in person | <input type="checkbox"/> Concussion Awareness and Prevention |
| <input type="checkbox"/> Prevention/Safety Activities – helmet fittings and give-aways, educational activities for children and schools, community and employee health fairs | <input type="checkbox"/> Development & Fundraising |
| <input type="checkbox"/> Conference Committee – planning annual education conference | <input type="checkbox"/> Case Management Committee |
| <input type="checkbox"/> National Brain Injury Awareness Month statewide campaign – planning activities | <input type="checkbox"/> Media projects - helping BIAM’s Outreach section maintain a database of media contacts for the accurate and successful delivery of BIAM event listings, press release and PSA submissions sent via mail, fax, e-mail and online; Inform the public using a variety of social media platforms to promote awareness campaigns, other activities and BIAM information. |
| <input type="checkbox"/> Eat A Peach Challenge Bike Ride – Planning Committee or volunteering at event in August | <input type="checkbox"/> BIAM Board of Directors |
| <input type="checkbox"/> Scarecrow Classic 5K Run & 1 Mile Walk – Planning Committee, securing sponsorship or volunteering at event in October | <input type="checkbox"/> Regional Events |
| | <input type="checkbox"/> Other: _____ |

over



If you want additional space for your answers from the reverse side of this form or want an area to describe other skills, talents or qualities you would like BIAM to know about, please use the lines below to continue.

Please check any boxes below that describe a special skill or talent you may have and might be a benefit to the volunteer program:

- Administrative skills (answering phones, filing, typing, organizational skills)
- Computer skills
- Artistic, creative abilities or graphic design skills
- Photography
- Musical skills/Entertainment
- Other _____

Availability

When would you be able to volunteer? (Check off all boxes that apply)

- Weekdays
- Weekends
- Evenings
- Special events only

Hours available: _____ **Beginning date:** _____

Please mail or fax completed application to the Brain Injury Association of Maryland.