



VOLUNTEER APPLICATION (Print Clearly)

Name:		Date of Application:
Address:		
City:	County	State & Zip:
Telephone (with area code)		
Email:		Birthday Month (no year):

EMERGENCY CONTACT

Name:	Relationship:
Telephone (with area code)	

VOLUNTEER EXPERIENCE

VOLUNTEER SKILLS AND INTERESTS

EDUCATION CREDIT

Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, will you receive academic credit for your volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name:	Telephone:
Relationship:	
Name:	Telephone:
Relationship:	

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AVAILABILITY FOR VOLUNTEERING

<input type="checkbox"/> TUE – Waukesha (pm)	<input type="checkbox"/> WED – Waukesha (pm)	<input type="checkbox"/> THUR – Waukesha (pm)	<input type="checkbox"/> Special Events various Wisconsin locations (times vary)
<input type="checkbox"/> 1:00 – 1:30	<input type="checkbox"/> 1:00 – 1:30	<input type="checkbox"/> 1:00 – 1:30	<input type="checkbox"/> Tuesdays
<input type="checkbox"/> 1:30 – 2:00	<input type="checkbox"/> 1:30 – 2:00	<input type="checkbox"/> 1:30 – 2:00	<input type="checkbox"/> Wednesdays
<input type="checkbox"/> 2:00 – 2:30	<input type="checkbox"/> 2:00 – 2:30	<input type="checkbox"/> 2:00 – 2:30	<input type="checkbox"/> Thursdays
<input type="checkbox"/> 2:30 – 3:00	<input type="checkbox"/> 2:30 – 3:00	<input type="checkbox"/> 2:30 – 3:00	<input type="checkbox"/> Fridays
<input type="checkbox"/> 3:00 – 3:30	<input type="checkbox"/> 3:00 – 3:30	<input type="checkbox"/> 3:00 – 3:30	<input type="checkbox"/> Saturdays
<input type="checkbox"/> 3:30 – 4:00	<input type="checkbox"/> 3:30 – 4:00	<input type="checkbox"/> 3:30 – 4:00	<input type="checkbox"/> Sundays

AVAILABILITY FOR VOLUNTEERING (Check all days that apply – *Remote positions only) – Remote volunteers are free to work during their available times unless specific need arises.

SUN	MON	TUE	WED	THUR	FRI	SAT

OPPORTUNITIES FOR VOLUNTEERING (More detailed descriptions will be sent if interest is indicated)

BI-INSIDE MAGAZINE TEAM	PROGRAMS AND SERVICES TEAM	FUNDRAISING TEAM
<input type="checkbox"/> *BI-INSIDE Magazine Writer <input type="checkbox"/> *BI-INSIDE Magazine Advertising Coordinator <input type="checkbox"/> *BI-INSIDE Magazine Editor	<input type="checkbox"/> Concussion Program Coordinator and onsite trainer <input type="checkbox"/> Concussion Program Assistant <input type="checkbox"/> Resource Facilitator I <input type="checkbox"/> Resource Facilitator II <input type="checkbox"/> Peer-Mentor Coordinator <input type="checkbox"/> BIRC of WI Support Group Coordinator/Leader	<input type="checkbox"/> Fundraising Program Coordinator <input type="checkbox"/> Craft Fair Coordinator <input type="checkbox"/> Craft Fair Assistant <input type="checkbox"/> Walk-Roll-and Run Coordinator <input type="checkbox"/> Walk-Roll-and Run Assistant Coordinator <input type="checkbox"/> Walk-Roll-and Run Event Volunteer
EDUCATION AND AWARENESS EVENTS	SOCIAL AND SKILLS EVENTS TEAM	FRIENDSHIP NETWORK *Participant Must Have Brain Injury Verification On File*
<input type="checkbox"/> Conference Coordinator <input type="checkbox"/> Speaker <input type="checkbox"/> *Unmasking Brain Injury Display Coordinator	<input type="checkbox"/> Picnic Coordinator <input type="checkbox"/> Picnic Volunteer <input type="checkbox"/> Holiday Party Coordinator <input type="checkbox"/> Holiday Party Volunteer <input type="checkbox"/> Arts and Crafts Projects Coordinator <input type="checkbox"/> Arts and Crafts Projects Assistant	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Program Assistant <input type="checkbox"/> Peer-Mentor



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Volunteer Assignment Agreement

I, _____, am a volunteer with Brain Injury Resource Center of Wisconsin™. It is my intent that any Work I create in my capacity as a volunteer for Brain Injury Resource Center of Wisconsin™, will become the property of Brain Injury Resource Center of Wisconsin™, which will own full copyright in all such Work(s). To the extent that any Work(s) I create for Brain Injury Resource Center of Wisconsin™ is not a work for hire, I assign and transfer to Brain Injury Resource Center of Wisconsin™ all worldwide copyright interests in the Work(s), for the life of such copyright interests.

In assigning all right, title, and interest in the Work(s) to Brain Injury Resource Center of Wisconsin™, I intend to transfer to Brain Injury Resource Center of Wisconsin™ the full ownership in and of the Work(s), including all rights of reproduction, distribution, display, and adaptation, and the right to create derivative work(s). All such rights apply without limitation to any print, electronic, multimedia, or other formats including HTML format for websites, distribution online by email, and all other methods of creating and distributing media. I agree to sign and deliver to Brain Injury Resource Center of Wisconsin™, either during or subsequent to the term of this Agreement, such other documents as Brain Injury Resource Center of Wisconsin™ considers desirable to evidence the assignment of copyright.

In consideration of this agreement, Brain Injury Resource Center of Wisconsin™ agrees to (check all that apply):

allow me to include the Work or a reproduction of the Work in my portfolio or other such compilation, to be shown to my prospective employers or clients, and no other commercial or noncommercial use. All such portfolio uses must include a notice of Brain Injury Resource Center of Wisconsin™'s copyright ownership.

acknowledge my transfer of the Work to Brain Injury Resource Center of Wisconsin™ as a charitable contribution.

give full and complete credit in all versions of the Work(s).

other: _____

I warrant that any Work(s) I create pursuant to this agreement are original and do not infringe any intellectual property rights or violate any laws related to libel, privacy, or otherwise. I agree to indemnify and hold harmless Brain Injury Resource Center of Wisconsin™ in any action arising out of, or relating to, these representations and warranties.

PLEDGE OF CONFIDENTIALITY

This is to certify that I (an employee, intern, volunteer, speaker, mentor or Board member of Brain Injury Resource Center of Wisconsin, Inc.) understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential. I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

My signature below certifies that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I also understand that falsification of this application can disqualify me from consideration or result in dismissal upon discovery. I understand that submitting this information does not guarantee my acceptance into the volunteer program, and that assignment of volunteer work is based on assessments made by Brain Injury Resource Center of Wisconsin staff.

I grant the Brain Injury Resource Center of Wisconsin permission to contact the references listed on this application in order to determine suitability for volunteer placement. Finally, I understand that as a volunteer, I will be required to abide by all rules and regulations of Brain Injury Resource Center of Wisconsin. Volunteers are considered for placement without regard to actual or perceived race, color, religion, sex, national origin, or ancestry, age, disability, veteran status, sexual orientation, marital status, status with respect to receipt of public assistance, or any other basis protected by federal, state, or local law.

Fax Completed Form to: 262-436-1747
Mail Completed Form to: BIRCoFWI, 511 North Grand Ave, Waukesha, WI 53186
Email Completed Form to: Admin@bircofwi.org

For Office Use Only:
Date Received: _____ Received By: _____ Volunteer Start Date: _____