

Southern Alberta Brain Injury Society (SABIS)
102 2116 27th Avenue NE Calgary, AB T2E 7A6

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY PROVINCE POSTAL CODE

PHONE: _____
HOME CELL

PERSONAL REFERENCES

PLEASE LIST TWO PEOPLE WE CAN TELEPHONE FOR A PERSONAL REFERENCE.

NAME _____ PHONE _____ YEARS KNOWN _____

NAME _____ PHONE _____ YEARS KNOWN _____

Police Background Check

Some of our volunteer positions require a background check by Calgary Police Service. If that is the case, are you willing to fill in a police background check application form? Yes NO

Please tell us about any previous volunteer experiences:

VOLUNTEER OPPORTUNITIES with SABIS

Please circle the volunteer tasks that are of interest to you.

1. Assisting at our fundraising walkathon, once a year in June
2. Assisting at our bi-annual casino
3. Assisting with brain injury awareness booths
4. Assisting clients at support group meetings
5. Assisting with stuffing envelopes and mailing newsletters
6. Writing/editing/proofreading newsletters, annual reports, brochures
7. Assisting with office telephone reception
8. Assisting with office/clerical duties
9. Driving clients to specific appointments
10. Visiting clients in long term care or making hospital visits
11. Teaching computer skills or basic English language literacy skills

SOUTHERN ALBERTA BRAIN INJURY SOCIETY

AVAILABILITY

Weekday Availability

If you are available to volunteer during the week, please check the appropriate boxes in the table below

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Nights					

Weekends

About three times a year, SABIS has a half-day event on either a Saturday or a Sunday. Would you be willing to volunteer for an event held on a weekend?

Yes I could be available NO I am not available

Casinos

About every 18 months, SABIS has a casino. Casinos have two shifts: 10 AM - 6 PM or 6PM - 2AM; if you are able to help at a casino, please check either afternoon and/or night boxes in the table above.

Do you wish to share any other personal information with us?

Please sign and date this application form, then return it to the office, thank you

Signature

Date