

Before completing this application, please take a moment to become familiar with what we do at Brain Injury Alliance of Washington by exploring our website or contacting our staff.

*** Name**

Last

First

*** Contact Information**

Street Address

Street Address 2

City

State

Zip Code

Mobile Phone

Other Phone

Email

*** Please add me to the BIAWA email list**

Yes

No

*** What is your age?**

How did you hear about Brain Injury Alliance of Washington?

Other (please specify)

*** Why are you interested in volunteering with us?**

Which BIAWA volunteer areas you are interested in?

- Administration
- Data Entry
- Tech support
- Raising awareness and/or fundraising
- Event planning
- Art Show event support
- Walk, Run and Roll event support
- Brain Injury Gala event support
- Other, please specify

What type of time commitment are you interested in?

- One event shift or work day
- On-call for multiple shifts throughout the year
- Weekly shift
- Project-based work with predetermined hours

Your Availability - During which hours are you general available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings
- Other, please specify

Do you have special skills, training or experience in any of these areas? Please check all that apply.

- Office support/ administration
- Project management
- Leadership
- Online communication
- Photography/ graphic design
- Copywriting/ grant writing/ general writing
- Event planning
- Live auctions (procurement and/or facilitating)
- Fundraising through events or campaigns
- Customer service
- Cash transactions

Computer Skills (please specify)

Please summarize any previous volunteer experience you have.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that I must voluntarily submit to and pass a background check before I am able to volunteer with the BIAWA. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Thank you for your interest in volunteering at Brain Injury Alliance of Washington.