



# Volunteer Application

---

**How did you hear about volunteer opportunities at Jodi House?**

---

---

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Preferred means of contact: \_\_\_\_\_

Are you 18 years or older?  yes,  no

*Volunteers under 18 years are required to have parent/guardian permission.*

Have you, or has someone you know been affected by a brain injury?

Please check:

- Brain injury survivor       Spouse       Parent  
 Sibling       Family member       Friend

Date of Brain Injury: \_\_\_\_\_ Cause/type: \_\_\_\_\_

---

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

**Volunteer & Work experience:** Please fill out to the best of your ability.

1. Name of Company/ Organization: \_\_\_\_\_

Was this paid work or volunteer work? \_\_\_\_\_

Start- End date: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact your supervisor? Yes [  ] No [  ]

2. Name of Company/ Organization: \_\_\_\_\_

Was this paid work or volunteer work? \_\_\_\_\_

Start- End date: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact your supervisor? Yes [  ] No [  ]

3. Name of Company/ Organization: \_\_\_\_\_

Was this paid work or volunteer work? \_\_\_\_\_

Start- End date: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact your supervisor? Yes [  ] No [  ]

Have you ever been at any time convicted or pled guilty to a felony or misdemeanor, including traffic violations? [  ] yes, [  ] no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

---

**Skills & Availability:**

I am available to volunteer for the following:

[  ] Regular Monday to Friday Shifts

[  ] Special events

[  ] Outreach

[  ] Teaching a class

**Directions:** Place an “X” during the times you are **NOT** available. Please indicate a preferred shift as well.

	MON.	TUES.	WED.	THURS.	FRI.
<b>10:30am-11am</b>					
<b>11am-12pm</b>					
<b>12pm- 1pm</b>					
<b>1pm- 2pm</b>					
<b>2pm-3pm</b>					
<b>3pm-4pm</b>					
<b>4pm-4:30pm</b>					

Skills:

\_\_\_\_\_

\_\_\_\_\_

Hobbies & interests:

\_\_\_\_\_

\_\_\_\_\_

**References:** Please provide two references who are not relatives and who have knowledge of your work habits and skills.

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

**Volunteer Agreement:**

I hereby certify the answers on this application and any resulting from interviews are true and correct and any misrepresentation or omission of fact, misleading or false information on my part will be grounds for dismissal as a volunteer from Jodi House, Inc. Acceptance as a volunteer is contingent upon satisfactory references, verification of the information submitted on this application and satisfactory completion of mandatory requirements. I authorize that all employers, schools, or references thus contacted be released from liability in answering questions related to my application. I therefore authorize you to make such investigations and inquiries you deem necessary in arriving at a decision to accept me as volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Agreement for Applicants Under 18**

Parent or Legal Guardian for: \_\_\_\_\_

I am the parent or legal guardian of the minor named above. By my signature below, I acknowledge that I have reviewed this Volunteer Application with my participating child. I understand and accept this Agreement. I also hereby authorize the minor named above to volunteer at Jodi House Brain Injury Support Center, whether at Jodi House facility or at an offsite project.

Parent or Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

---

**For Official Use Only**

References Checked [ ] Application signed [ ] Shift/Status Assigned [ ]

Welcome Packet Given to member along with initial orientation [ ] Entered CIL [ ]