



VOLUNTEER PROFILE APPLICATION FORM

The New Beginnings ABI & Stroke Recovery Assoc.

PLEASE PRINT:

Name:	(last name)			(first name or name known by)		
Address:	911 Street Address					
	Apartment/Unit #		PO Box		Rural Route	
	City/Town				Postal Code	
Telephone:	Home			Cell		
	Work					
Email address:						

Education:

Do you possess a College diploma? Yes No Or University degree Yes No

If yes, name of the program: _____

If no, do you possess a high school diploma? Yes No

Interests /Experience/ Background

Knowledge and understanding that is relevant to the placement that you have selected	Yes No
Experience in this type of environment, or similar setting?	Yes No
Availability and willingness to attend potlucks, & other functions	Yes No
Are you reliable, responsible and dedicated person?	Yes No
Are you at least 18 years of age?	Yes No

1. Briefly state your reasons and interest in applying for this volunteer position.

2. What is your background/qualifications/experience/expertise that is relevant for this position.

3. What do you hope to contribute by your participation?

I certify that the information contained in this application is true and complete, to my knowledge. I understand that a false statement may disqualify me from being a volunteer at this organization.

Completed by: (print name)	
Date completed:	
Signature:	

1. We value and respect the dignity and worth of every human being and are committed to the values of acceptance, self-determination and respect of individuality.
2. Survivors of acquired brain injury and stroke should have equal access to opportunities to be full participating members of their community.
3. New Beginnings ABI and Stroke Recovery Association will provide service without discrimination of any grounds.
4. We value the right to individual choice and self-direction of services by our consumers.
5. We value the right to education and information so that individuals may make full informed choices.
6. We value the right to client confidentiality and physical and emotional safety.
7. We expect that all representatives of New Beginnings ABI and Stroke Recovery Association will act with honesty and integrity and represent our members fairly and justly.
8. We value the experience, skills and perspectives that each individual, group, and organization brings to the human experience.

Volunteer Professional Code of Ethics & Confidentiality Agreement

- Volunteers shall not discriminate against any member, caregiver, volunteer or staff member based on race, gender, age, religion, sexual orientation or otherwise.
- Volunteers shall not wear perfume, cologne, or body spray due to allergies
- Volunteers will not pursue any romantic or sexual relationships with members or other staff, volunteers or volunteers.
- Volunteers shall neither lend to nor borrow anything from any member or caregiver.
- Volunteers shall have no interaction with members or caregivers during after hours.
- Volunteers shall receive no monetary gain from members or caregivers.
- Volunteers will not release identifying information regarding our members and will maintain confidentiality regarding medical information and health status, and/or client file of all persons connected with the New Beginnings ABI & Stroke Recovery Association including staff, peers, and members. Members have the right to expect that information discussed with staff, volunteers, or volunteers in confidence will remain confidential. Volunteers are expected however to disclose immediately with their supervisor any information that may be deemed to be illegal or put any individual or the organization at risk.

I have read the above and will abide by the Volunteer Professional Code of Ethics and statement of confidentiality Agreement.

In the event that confidentiality is not maintained, I am aware that disciplinary action will be taken and may result in my position with New Beginnings ABI & Stroke Recovery Association being terminated.

Volunteer Signature:

Date signed: _____

Photograph Release Form

We often take pictures of volunteers, volunteers and program participants to use for promotional and fundraising purposes. By signing this release, you will grant full permission to New Beginnings ABI & Stroke Recovery Association for the free use of any photographs, video footage or feedback collected during the various programs/events to be used for promotional purpose and/or volunteer/volunteer training, evaluation forms (anonymity preserved) or for any thank-you letters you might send. If you do not wish to be photographed, do not sign this release form and inform Staff or anyone taking pictures or video during your involvement in the Volunteer Program.

Volunteer signature: _____

Date signed: _____