



Hamilton Brain Injury Association

Dear Volunteer,

Thank you for your interest in volunteering with the Hamilton Brain Injury Association Bikes, Blades & Boards Injury Prevention Program. Without dedicated volunteers, and community partners like you – this program would not be possible.

As a Bikes, Blades & Boards volunteer you will be responsible for conducting the Bikes, Blades & Boards Injury Prevention presentation alongside another volunteer, or committee member. You will conduct a 60-minute, multi-media presentation to students in grades 1-3 throughout Hamilton, Niagara, and Haldimand-Norfolk. The focus of the program is to provide education surrounding helmet safety, and injury prevention.

If this sounds like something that interests you, and you meet the minimum age requirement of 18 years old, please take the time to fill out the Volunteer Application below for our Bikes, Blades & Boards program. If you have any questions or require additional information, please contact the Hamilton Brain Injury Association.

Thank you for your interest in volunteering with us!

Sincerely,

The Hamilton Brain Injury Association

Kindly email completed applications to info@hbia.ca

Hamilton Brain Injury Association

822 Main St E Hamilton, Ontario L8M 1L6

P: 905-538-5251 F: 905 390 3649

info@hbia.ca www.hbia.ca

Bikes, Blades & Boards Volunteer Application



Contact Information

Name	
Address	
Phone Number	
E-Mail Address	
Do you prefer to be contacted by e-mail or phone?	

Availability

Bikes, Blades & Boards presentations take place between the hours of 8:00am and 3:00pm. During which hours are you available? Please enter a "X" for day(s) and time(s) preferred in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Monday					
Afternoon					

Locations

Bikes, Blades & Boards conducts presentations throughout Hamilton, Niagara, and Haldimand-Norfolk. Please enter a "X" for the locations preferred below.

Hamilton _____ Niagara _____ Haldimand-Norfolk _____

Tell Us About Yourself

Please tell us why you want to volunteer with our Bikes, Blades & Boards Injury Prevention Program.

Qualifications

Please summarize any relevant education, training and/or certifications you have. (optional)

Language(s)

Please list any languages you speak fluently. (optional)

References

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Person to Notify in Case of Emergency

Name	
Address	
Phone Number	
Relationship to Volunteer	

Agreement and Signature

By submitting and signing, I affirm that I meet the minimum age requirement of 18 years old, and that the facts set forth in this application are true and complete. I understand a Bikes, Blades & Boards volunteer is anyone who, without expectation of compensation, intentionally performs a task at the direction of or on behalf of the Hamilton Brain Injury Association Bikes, Blades & Boards program. I acknowledge that if I am accepted as a volunteer, I must obtain a Police Records Check (PRC) and complete my volunteer orientation before commencing any volunteer work with the Bikes, Blades & Boards program.

Volunteer Signature: _____ **Date:** _____