Volunteer Handbook
Internship Opportunities
Dear BRAIN INJURY ASSOCIATION OF GEORGIA Volunteer/Intern:

Thank you for your willingness to volunteer your services to the Brain Injury of Georgia, a non-profit organization. "The Mission of the Brain Injury Association of Georgia is to provide hope, help and support to the citizens of Georgia who have sustained or have been affected by brain injury". We look forward to utilizing your talents – or your need for internship - in areas where we have real needs.

Volunteers and Interns play an essential role in helping Brain Injury Association of Georgia and we cannot continue our work without the support of invaluable volunteers and interns willing to offer some of their time to assist us in helping the 70,000+ brain injury survivors and their families throughout the state. Brain Injury awareness is a great cause to believe in and gives you a sense of accomplishment in doing good deeds for others.

As an organization founded on and operated through volunteer efforts we appreciate your willingness to lend time and energy to an organization that has provided programs and services to the brain injury community since 1982. We ask that you familiarize yourself with the services and activities that Brain Injury Association of Georgia offers, through this handbook and our website, so you are able to be better informed.

If you are an intern and need a project we hope you will look through our programs. We welcome any ideas or suggestions over and above our areas of need you may wish to provide. We want to help you be successful while making a difference to individuals with a brain injury and their families who need our services.

This handbook is for you. While helping you to get accustomed to the background of the organization, this handbook will allow you to become more comfortable as a volunteer or intern. Should you have any questions do not hesitate to contact us.

Please complete, sign and return pages 17-21.

Again, thank you for your interest in becoming a BRAIN INJURY ASSOCIATION OF GEORGIA volunteer.

Sincerely,

Jane Jackson
Director
Brain Injury Association of Georgia
jane@braininjurygeorgia.org
History

The Brain Injury Association of Georgia (BRAIN INJURY ASSOCIATION OF GEORGIA) is a non-profit organization serving individuals with brain injuries and their families, our veterans, their friends and service providers. Founded in 1982, we strive to improve the quality of life for people with brain injury and their family and friends by giving them hope, help and support.

The mission of the Brain Injury Association of Georgia is to provide hope, help and support the citizens of Georgia who have sustained or who have been affected by brain injury.

The vision of the Brain Injury Association of Georgia is dedicated to increasing access to quality health care, raising awareness and understanding of brain injury through prevention, education and advocacy. Together with its network of affiliates as well as support groups throughout the State of Georgia, Brain Injury Association of Georgia is the “VOICE OF BRAIN INJURY” in Georgia for individuals, their families and the professionals who serve them.

BRAIN INJURY ASSOCIATION OF GEORGIA is comprised of survivors, family members, friends, and professionals who are all working together to provide community support programs assisting individuals and their families to have a better understanding of the effects of brain injury and to facilitate rehabilitation opportunities.

The Brain Injury Association of Georgia, Inc. is a 501(c) (3) nonprofit charitable organization. Brain Injury Association of Georgia is affiliated with the Brain Injury Association of America.

Our programs include:

- **Information and Resource Program IRP** - When you call, you can discuss your needs and situation with someone who is familiar with the challenges faced by people with TBI and their families. I&R will supply information, send materials (mail or email) about brain injury, or resources unique to their specific needs. I&R will provide resources in their community such as rehabilitation facility, a skilled nursing home; health care professional or housing; programs that offer variety of financial assistance to transportation….the needs of the brain injured can be unique and individualized. I&R will connect them to a Support Group leader or facilitator for Peer Mentoring. If someone needs such assistance, they can contact Brain Injury Association of Georgia’s Information & Resource by calling - 404-712-5504, our National Brain Injury Information Center (NBIIC) Helpline 1-800-444-6443 or email jane@braininjurygeorgia.org.

- **Support Groups** – Our state wide volunteer-administered support groups provide an opportunity for those individuals and family members affected by brain injury not only to learn more about brain injury but to be present in a safe and encouraging venue to discuss the challenges they face. We currently have Support Groups around the state that provide support and mentoring to other brain injury survivors, their families and friends who have been impacted within their communities. Current Support Group information and contact(s) is available on our website or by contacting Brain Injury Association of Georgia.

- **Camp BIAG** – Camp Hardgrove offers planned activities and socialization for survivors of brain injury to have fun and participate in recreational therapeutic activities while their loving caregivers find moments of respite. The experience renews the mind and body of both survivor and caregiver. Brain Injury Association of Georgia depends on volunteers and donations to cover the cost of operation and scholarships.

- **Concussion Program** – Statewide collaboration to deliver services that keep young athletes safe. Educational programs; Help athletic associations create concussion policies and procedures; information and resource; advocacy for sound policies and protocols for prevention….and more.

- **Education** – Our organization offers education for survivors, family members and professionals. Our Information and Resource Director, Support Groups, Peer Visitor for Veteran Program, and online resources offer variety of educational materials and resources for survivors and their family members. Brain Injury Association of Georgia also offers brain injury seminars throughout the year. We invite all to take advantage of these by keeping an eye on our Calendar of Events section at www.braininjurygeorgia.org.
Advocacy & Public Awareness - We mobilize volunteers and Support Groups to partner with Brain Injury Association of Georgia in actively advocating for legislation affecting the disability community. We utilize our website to inform users and supporters of time-sensitive issues and to provide “how-to” instructions for participation. 

Self-Advocacy: Centered on collaborative partnerships with family and service providers, the IRP Director will show individuals and families how to become self-advocates in seeking needed service.

**BRAIN INJURY ASSOCIATION OF GEORGIA hosts or participates in the following events:**

**Leadership Summit**
Brain Injury Association of Georgia hosts Leadership Summit for our statewide network of Support Group Leaders and Facilitators. Sometimes these may be combined with Brain Injury Symposiums. The Summit features a variety of speakers that cover topics from the latest advances and changes relating to brain injury to education about mild to moderate brain injury. Brain Injury Association of Georgia brings the Support Groups up-to-date on Brain Injury Association of Georgia board members, happenings and its current financial status. The Support Group Leaders and Facilitators participate in education, growth and retention, fundraising ideas, what are the needs of Support Groups, networking and the sharing of information.

**Brain Injury Awareness**
March is celebrated each year as Brain Injury Awareness across the country. Brain Injury Association of Georgia and Support Groups join forces in March to bring local attention to the fact that there are over 70,000 brain injuries in Georgia from mild to severe. Awareness is also being raised to include a concussion is a brain injury. Support Groups, interns and volunteers may participate by holding events such as Walk for Thought, Walk for Brain Injury, luncheons, outside activities…..or other ways to raise awareness about Brain Injury. Radio and print public announcements and awareness proclamations are distributed through local and community radio stations and newspapers.

**Brain Injury Symposiums**
Brain Injury Association of Georgia hosts Brain Injury Symposiums around the state in partnership with like organizations and cover topics from health, resources to motivation on brain injury. The symposiums are attended by brain injury survivors, caregivers, nurses, social workers, Occupational Therapist, Physical Therapists, and Speech Therapists, Georgia Claims Adjusters and Case Managers. Support Group Leadership Summits may be combined into these symposiums.

**MARCH BRAIN INJURY AWARENESS MONTH**
During March Brain Injury Association of Georgia partners with statewide support groups holding events to raise awareness about Brain Injury. These events vary from walks to symposiums. Other activities may be hosted during March and can be unique to the support group.

**FUNDRAISING EVENTS**
Throughout the year Brain Injury Association of Georgia may host, or partner with, other groups, volunteers, or organizations for fundraising activities throughout the state.

**Volunteer Job Descriptions**
Volunteers or interns who offer their time, talents and professional expertise are indispensable if BRAIN INJURY ASSOCIATION OF GEORGIA is to achieve its mission. It is our sincere hope that we will provide you with a meaningful experience and that you will become a positive link to the brain injury community.

We welcome volunteers for any amount of time from one to two hours a year to one to two hours a week-whatever time you can give we will need! Volunteers are needed for the following and you may be involved in all or part of the following...
job descriptions. Please look these over and let us know which would best fit your desire and skills with helping to support a worthy organization that needs your support today!

1. Membership

Renewal memberships - Ensure timely delivery of membership renewal notices. Responsible for maintaining database of membership. Preparing documents for email or mail out. Following up of renewals 30 days prior to membership expiration. Renewals can be sent mail and email.

New memberships - Send out a Thank You letter and enroll in any magazines as noted (BIAA Challenger and/or Neurology Now) Maintain on the database. Depending on level of memberships may require online addition and newsletter inserts.

Improving the membership experience - Keep abreast of, and make recommendations for, new and improved ways to update membership packet and improve current membership experience.

Monthly reporting on current number of memberships – nr of memberships, nr of expired memberships, and number of renewals sent…etc.

Sponsor and Membership – Monitor and maintain sponsor and membership information on our website. Promote sponsorship to prospects.

Membership Drives – Coordinate and send out mass mailings of potential memberships as part of Annual Campaign. Ability to create and maintain database management for Annual Campaign, create status reports to track responses. This may involved membership prospecting, promoting of BRAIN INJURY ASSOCIATION OF GEORGIA and its programs and services and other related functions as delegated.

Membership Database Management – updating and - including creating a new and better database!

2. Brochures or Pamphlet inserts

If you like to design and create we will need volunteering to help develop brochures, or inserts to go into our folders, for our programs such as Peer Visitor for Veterans Program, VSA Program, Information and Resource, upcoming events, etc.

3. Camp Hardgrove – Maintain database of campers, volunteers, caregivers. Reporting of camp to be created at end of camp that meets deliverables to be outlined from grant funding or for sponsorships. Work in partnership with Camp Twin Lakes for camper and/or caregiver for smooth flow of communication and application processing, announcements and updates. Create newsletter and website write-up about camp – before and after.

Volunteer – Be a part of a 4 day 3 night camp for adult brain injury survivors 18 and up held in September. You will receive training and can experience the joy of helping campers participate in activities and socialization, events many of us take for granted. Camp renews their spirit and allows them to be among others who accept them. You will see firsthand what life is like for an individual with a brain injury – you can make a difference by volunteering!

4. Database Management

We have multiple excel database programs developed that manage our membership program, information and resource, registration and attendees to our events and camps and other venues. This position is for someone who is good in working in a spreadsheet environment, good with detail and report creation. Our database needs further developing and research for other programs that are available (free) help keep track and create reports.
5. Development Coordinator - Grants

This position would be responsible for a full range of activities required to prepare, submit and manage grant proposals to foundations and corporations. Perform prospect research on foundations and corporations to evaluate prospects. Comply with all grant reporting as required. Provide regular written updates/reports as to status of outstanding and awarded grants. Create a timeline of grant cycles and maintain current records and in files. You may be working with all or part of what this position would require with other volunteers, staff or board (such as the Board Treasurer for financials or Information and Information Resource Director for stats).

6. Events – coordinator or volunteer to help during events

Events – various from Camp Hardgrove, Seminars, Summits, fundraisers, awareness, etc.
If you like to work with people, coordinate or assist with events that benefit BRAIN INJURY ASSOCIATION OF GEORGIA, can multitask and enjoy coordinating all or part of what goes into making our events successful, we need your services. The list can include:

- You may work with vendors, negotiate for space; arrange food and beverage; order supplies and locate loaner audio visual equipment; conference room layouts, room assignments as applicable to event.
- Work within prearranged budget, keep track of expenses, and check lists and other.
- Research, evaluate and monitor funding sources.
- Work with creating agenda and notifications (email or mail outs).
- Serve as liaison with vendors, support groups and others.
- Prepare name tags, materials, notebooks, packets, gift bags, registrations, etc.
- Ensure website is updated with event updates and removed from website after event is completed.
- Create photos with write up for newsletter.
- Maintain database of attendees.
- Submit status report.

7. Fundraising

BRAIN INJURY ASSOCIATION OF GEORGIA needs volunteers who have the skill set to help raise funds to sustain our programs, services and products. This may involve soliciting donors, community, organizations for donations, working with the Fundraising or Event committee with planning and working fundraising events; coming up with ideas for fundraising events and opportunities; how to implement them. We need you to help BRAIN INJURY ASSOCIATION OF GEORGIA so we can continue to sustain our programs and services – so we can help others who need our support.

8. Information and Resource Outreach

If you are a detailed person who likes to do research, this position will monitor our current resources to ensure accuracy of information. Many organizations change their web address, phone or email. Services they offer or provide may change. We need someone to ensure information on resources is kept up to date – on our website, in our resource manual.

We also need to grow our opportunity to offer current information and available resources as it relates to brain injury. We need someone to research current updates about brain injury that will go in our newsletter, website or be put into handouts for packets that are sent to contacts. Reach out within the communities around Georgia to identify resources that work with brain injury such as nursing homes, various medical professionals, day programs, assisted living home, etc.

This position will also maintain updated resources in current database.
9. Library

We need someone to grow and maintain our current library of books, articles and DVDs on brain injury. At times, someone in our support group may wish to read a book, or an article, or watch a DVD concerning all areas that impact a brain injury. You would be responsible to maintain a record of our library resources, let the Support Groups know what is available to them. You would need to track when anything is borrowed from our library, provide a deadline and follow up for return. This could include hard copy and electronics or a graphics library.

10. Newsletter

If you like to create, write and work with newsletter development and distribution we have a need for your skills. A monthly e-newsletter is distributed email to the Support Groups, medical professionals and community organizations for distribution. Our newsletter keeps the Support Groups connected to BRAIN INJURY ASSOCIATION OF GEORGIA and with each other. Photos and graphics are a key element to the newsletter as many brain injury survivors struggle with the written language. You may work with all or part of what it takes to create and distribute our e-newsletter with staff and other volunteers such as - Gather information, articles and photos. Do layout of newsletter and prepare for distribution. Work with Support Groups to submit information about who they are, events they are hosting, social activities or featuring a member.

11. Office Help

We currently have a resource office located in Emory Rehabilitation. Parking is restricted to parking via public parking deck next door or other public parking areas around Emory. And at Atlanta Medical Center.

Mail - We need someone to come in, open and distribute the mail.
Filing – Organize and restructure our filing system
Administrative support to the Board, Information and Resource Director or Committee members as delegated such as correspondence.

This position may also be responsible for our library

12. Program Development

– Many of our programs need new or updated guidelines. As we grow we are looking for ways to grow other programs that will benefit our organization and the brain injury community.

13. Social Networking

If you have knowledge of social networking sites, enjoy working in this arena, BRAIN INJURY ASSOCIATION OF GEORGIA is using this platform to create visibility about BRAIN INJURY ASSOCIATION OF GEORGIA, our events and services and provide updates about brain injury. BRAIN INJURY ASSOCIATION OF GEORGIA currently has a Facebook account, LinkedIn and Twitter. Our Facebook profile page has been a wonderful platform for other survivors, families, friends and the community at large to chat and post their own updates. However, the profile and fan pages have to be monitored daily to ensure abuse or misuse does not take place. The roll of managing Facebook does not make you an official representative of BRAIN INJURY ASSOCIATION OF GEORGIA and is restricted to ensuring proper updates about brain injury are posted by you or others; sales or selling of services or other, improper language or content is removed; reviewing friend requests to ensure they are legitimate to the brain injury community, and any comments or questions about BRAIN INJURY ASSOCIATION OF GEORGIA you see online, including on other Online Service Networking platforms, should be brought to the attention of the staff. If you are experienced in developing and managing social platforms…this is for you!

14. Sponsorship

Help to secure sponsorship for BRAIN INJURY ASSOCIATION OF GEORGIA programs, services, events, camp and others. BRAIN INJURY ASSOCIATION OF GEORGIA depends on the generosity of our constituents' community organizations to help cover the costs for hosting many of our events. We need someone who has the connections or who has the skills needed to approach constituents or organizations to enlist their financial support. They can also donate materials or goods for many of our events.
15. Board Committee Member Volunteer

BRAIN INJURY ASSOCIATION OF GEORGIA Board has a variety of Committees that need dedicated volunteers to provide their support and expertise. It may include some of the above job descriptions but may also include committees such as:

- Education
- Fundraising
- Marketing
- Membership
- Product Development
- Program Development
- Public Relations
- Support Group Steering Committee
- Website
- Other: ____________________________________________

Please Specify on Application page 17

Glossary of terms to help you become acclimated to terminology you may come across during your volunteer time.

Traumatic Brain Injury (TBI)

*TBI is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.*

Traumatic brain injury occurs when a sudden physical assault on the head causes damage to the brain. The damage can be focal (confined to one area of the brain), or diffuse. TBI can result from a closed head injury (when the head suddenly and violently hits an object) or from a penetrating head injury. The severity of TBI can range from mild to coma or even death. The outcome of TBI depends on the cause, location, severity, and extent of neurological damage.

The signs of brain injury can vary drastically depending upon the location and severity of the injury. Individuals with TBI may have problems speaking, seeing, hearing, and using their other senses. They may experience headaches, fatigue, and seizures. Their balance and walking may also be affected. They may be partly or completely paralyzed on one or both sides of the body. Because the brain has been injured, it is common that the person’s ability to use it is altered. Patients may have trouble with memory, may have trouble concentrating and may only be able to focus their attention for a short time. They may think slowly and have trouble talking and listening to others. They may also have difficulty with reading and writing, planning, understanding the order in which events happen, and judgment.

Social, behavioral, or emotional problems may include sudden changes in mood, anxiety, and depression. Residents with TBI may have trouble relating to others. They may be restless and may laugh or cry a lot. They may not have much motivation or much control over their emotions.

Acquired Brain Injury (ABI)

*An Acquired Brain Injury is brain damage caused by events after birth, rather than as part of a genetic or congenital disorder. It usually affects cognitive, physical, emotional, social or independent function and can result from either Traumatic Brain Injury or non traumatic injury derived from either an internal or external source (e.g. stroke, strain tumors, infection, poisoning, hypoxia ischemia, encephalopathy or substance abuse).*

Acute Care - The phase of managing health problems which is conducted in a hospital on patients needing medical attention.

Acute Rehabilitation Program - Primary emphasis is on the early phase of rehabilitation which usually begins as soon as the patient is medically stable. The program is designed to be comprehensive and based in a medical facility with a typical length of stay of 1-3 months. Treatment is provided by an identifiable team in a designated unit.
**Adaptive/Assistive Equipment** - A special device which assists in the performance of self-care, work or play/leisure activities or physical exercise.

**ADL** - Activities of daily living. Routine activities carried out for personal hygiene and health (including bathing, dressing, feeding) and for operating a household.

**Advocacy Organization** - A group or nonprofit entity which provides resource information, support services and/or educational opportunities for individuals or families in need, and makes those needs known to professional care-givers as well as to the general public. **Affective Disorders** - Mental illnesses characterized mainly by abnormalities in mood. The two principal categories are mania and depression.

**Aneurysm** - A balloon-like deformity in the wall of a blood vessel. The wall weakens as the balloon grows larger, and may eventually burst, causing a hemorrhage.

**Anoxia** - A lack of or no oxygen. Cells of the brain need oxygen to stay alive. When blood flow to the brain is reduced or when oxygen in the blood is too low, brain cells are damaged. Hypoxic/hypoxia is caused by reduction of or low oxygen (i.e. mountain climbing in high altitudes). Anoxic/Anoxia is caused by complete or total lack of air (i.e. suffocation/drowning).

**Aphasia** – is a disorder that results from damage to the portions of the brain responsible for language. Someone with aphasia may be able to speak but not write, or vice versa or display other language deficiencies.

**Biofeedback** - A process in which information not ordinarily perceived (such as heart rate, skin temperature or electrical activity of muscles) is recorded from a person and then relayed back instantaneously as a signal so that the individual becomes aware of any alteration in the recorded activity.

**Brain Hemispheres** –
Left controls the right side – Symptoms of brain damage may be to attention, left side neglect, memory, organization, problem solving, reasoning or social communication. Affects speech and movement on the right side.
Right controls the left side - Affects speech and movement on the left side. Difficulties speaking and retrieving words.
Both sides control input and regulate output.

**Brain Injury BI** - Damage to the brain that result in impairments in one or more functions, including: arousal, attention, language, memory, organization, reasoning, abstract thinking, judgment, problem-solving, sensory abilities, perceptual abilities, motor abilities, psychosocial behavior, information processing and speech. The damage may be caused by external physical force, insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes.

**Brain Injury, Acquired ABI** - The implication of this term is that the individual experienced normal growth and development from conception to birth, until sustaining an insult to the brain at some later time which resulted in impairment of brain function.

**Brain Injury, Closed CBI** - Occurs when the head accelerates and then rapidly decelerates or collides with another object (for example the windshield of a car) and brain tissue is damaged, not by the presence of a foreign object within the brain, but by violent smashing, stretching and twisting of brain tissue. Closed brain injuries typically cause diffuse tissue damage that result in disabilities which are generalized and highly variable.

**Brain Injury, Mild MBI** - A patient with mild traumatic brain injury is a person who has had a traumatically-induced physiological disruption of brain function, as manifested by at least one of the following: 1) any period of loss of consciousness 2) any loss of memory for events immediately before or after the accident (post traumatic amnesia), 3) any alteration in mental state at the time of the accident (e.g., feeling dazed, disoriented, or confused), 4) focal neurological deficit(s) which may or may not be transient; but where the severity of the injury does not exceed the following: a) loss of consciousness of approximately 30 minutes or less; b) after 30 minutes, an initial Glasgow Coma Scale of 13-15; c) Post Traumatic Amnesia not greater than 24 hours.

**Brain Injury, Moderate** - A Glasgow Coma Scale score of 9 to 12 during the first 24 hours post injury. Coma more than 10-20 minutes but less than 24 hours. Possible skull fractures with bruising and bleeding. Some long term problems in one or more areas of life (home, work, community).
Brain Injury, Penetrating - Occurs when an object (for example a bullet or an ice pick) fractures the skull, enters the brain and rips the soft brain tissue in its path. Penetrating injuries tend to damage relatively localized areas of the brain which result in fairly discrete and predictable disabilities.

Brain Injury, Severe - Severe injury is one that produces at least 6 hours of coma often lasting days or weeks; Glasgow Coma Scale of 8 or less within the first 24 hours. Bruising, bleeding in brain. Long term impairments in one or more areas of life (i.e. home, work, community).

Brain Injury, Traumatic TBI - Damage to living brain tissue caused by an external mechanical force. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months/indefinitely). The specific disabling condition(s) may be orthopedic, visual, aural, neurologic, perceptive/cognitive, or mental/emotional in nature. The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes.

Brain Scan - An imaging technique in which a radioactive dye (radionucleide) is injected into the bloodstream and then pictures of the brain are taken to detect tumors, hemorrhages, blood clots, abscesses or abnormal anatomy.

Brain Stem - The lower extension of the brain where it connects to the spinal cord. Neurological functions located in the brain stem include those necessary for survival (breathing, heart rate) and for arousal (being awake and alert).

Case Management CM - Facilitating the access of a patient to appropriate medical, rehabilitation and support programs, and coordination of the delivery of services. This role may involve liaison with various professionals and agencies, advocacy on behalf of the patient, and arranging for purchase of services where no appropriate programs are available.

Cerebellum - The portion of the brain (located at the back) which helps coordinate movement. Damage may result in ataxia.

Cerebral-spinal Fluid CSF - Liquid which fills the ventricles of the brain and surrounds the brain and spinal cord.

Certified Brain Injury Specialists CBIS – A person who has completed an accredited program that provides the opportunity to learn important information about brain injury. A nationally recognized written examination must be passed before they are certified. Topics covered range from incidence and epidemiology of brain injury, anatomy and behavior relationship, functional impact, effective treatment approaches, health and medical management, family issues to legal and ethical issues.

Cognitive Impairment - Difficulty with one or more of the basic functions of the brain: perception, memory, attentional abilities, and reasoning skills. Refers to mental processes. This includes memory, attention, concentration, thinking, listening judgment, decision making and awareness of the immediate environment including other people, places and time.

Cognitive Rehabilitation - Therapy programs which aid persons in the management of specific problems in perception, memory, thinking and problem solving. Skills are practiced and strategies are taught to help improve function and/or compensate for remaining deficits. The interventions are based on an assessment and understanding of the person’s brain-behavior deficits and services are provided by qualified practitioners.

Coma - A state of unconsciousness from which the patient cannot be awakened or aroused, even by powerful stimulation; lack of any response to one’s environment. Defined clinically as an inability to follow a one-step command consistently; Glasgow Coma Scale score of eight or less

Concussion - The common result of a blow to the head or sudden deceleration usually causing an altered mental state, either temporary or prolonged. Physiologic and/or anatomic disruption of connections between some nerve cells in the brain may occur. Often used by the public to refer to a brief loss of consciousness.

Core Therapies, Brain Injury - Basic therapy services provided by professionals on a brain injury rehabilitation unit. Usually refers to nursing, physical therapy, occupational therapy, speech-language pathology, neuropsychology, social work and therapeutic recreation.

Contrecoup - Bruising of the brain tissue on the side opposite where the blow was struck. Coup-Contrecoup – Injury at the side of impact and on the opposite side (usually front to back or side to side).
CT Scan/Computerized Axial Tomography - A series of X-rays taken at different levels of the brain that allows the direct visualization of the skull and intracranial structures. A scan is often taken soon after the injury to help decide if surgery is needed. The scan may be repeated later to see how the brain is recovering.

Diffuse Axonal Injury (DAI) - A shearing injury of large nerve fibers (axons covered with myelin) in many areas of the brain. It appears to be one of the two primary lesions of brain injury, the other being stretching or shearing of blood vessels from the same forces, producing hemorrhage.

Emotional Lability - Exhibiting rapid and drastic changes in emotional state (laughing, crying, anger) inappropriately without apparent reason.

Executive Functions - Planning, prioritizing, sequencing, self-monitoring, self-correcting, inhibiting, initiating, controlling or altering behavior.

Extended Care Facility-Skilled - A residential facility for the patient who requires 24-hour nursing care (IV, intramuscular injections, special feeding tubes, oxygen) and rehabilitation therapy, such as physical therapy, occupational therapy, or speech therapy on a less intensive basis than as an inpatient in a comprehensive rehabilitation center. An extended care facility can be a short-term alternative (a few months) prior to placement at home (with outpatient therapy) or in a nursing home.

Frontal Lobe - Front part of the brain; involved in planning, organizing, problem solving, selective attention, personality and a variety of "higher cognitive functions. Injury damages persona ability to: Synthesize signals from the environment, assign priorities, make decisions, initiate actions, attend to tasks, control emotions, behave and interact socially, make plans, inappropriate and emotional responding as well as disinhibition.

Glasgow Coma Scale - A standard system used to assess the degree of brain impairment and to identify the seriousness of injury in relation to outcome. The lower the score the more severe the brain injury. The system involves three determinants: eye opening, verbal responses and motor response all of which are evaluated independently according to a numerical value that indicates the level of consciousness and degree of dysfunction. Scores run from a high of 15 to a low of 3. Persons are considered to have experienced a "mild" brain injury when their score is 13 to 15. A score of 9 to 12 is considered to reflect a "moderate" brain injury and a score of eight or less reflects a "severe" brain injury.

Hemorrhage – Major bleeding from when the brain rubs against the inside of the skull which is ragged with sharp bony ridges after a TBI.

Hypoxia - Insufficient oxygen reaching the tissues of the body. Suffocation, drowning, blood loss or cardiac failure that kills brain cells. Hypoxic/hypoxia is caused by reduction of oxygen (i.e. mountain climbing in high altitudes. Anoxic/Anoxia is caused by complete lack of air (i.e. suffocation, drowning).

Lability - State of having notable shifts in emotional state (e.g. uncontrolled laughing or crying).

Life Coach – Life Skills – Life Coast provides long term care planning, or life care planning. They help to determine and achieve personal goals, guides and empowers with ultimate goal of improved quality of life. They help to develop a strategy based on an individual’s needs and specific deficits through compensatory strategies and set goals.

Medicare – Federal governed health insurance program that pays medical bills with money from the Social Security Trust Fund, which most people pay into while they work. It is for people over 65 or people with a disability that are on Social Security Disability. Covers Hospitalization, Doctors and other types of medical expenses. This does not cover assisted living, residential care and other long term facilities. www.medicare.gov or 800-633-4227 to locate facility or doctor

Medicaid – State & Federal governed medical assistant program that helps many people who can’t afford medical care pay for some or all of their medical bills. Serves low income. Must meet a financial need and need for care. Provides benefits for long term nursing care. Medication is covered. Non-qualified aliens or undocumented immigrants may be eligible for emergency assistance only. To become eligible visit your local county’s Division of Family and Children Services Office. http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html
Memory, Long Term - In neuropsychological testing, this refers to recall thirty minutes or longer after presentation. Requires storage and retrieval of information which exceeds the limit of short term memory.

Memory, Short Term - Primary or ‘working’ memory; its contents are in conscious awareness. A limited capacity system that holds up to seven chunks of information over periods of 30 seconds to several minutes, depending upon the person’s attention to task.

Neurologist - A physician who specializes in the nervous system and its disorders.

Neuropsychologist - A psychologist who specializes in evaluating (by tests) brain/behavior relationships, planning training programs to help the survivor of brain injury return to normal functioning and recommending alternative cognitive and behavioral strategies to minimize the effects of brain injury. Often works closely with schools and employers as well as with family members of the injured person.

Nursing Home - A residential facility for the patient who requires supervision in all activities, including assistance with medication, meal preparation, bathing, dressing, and moving about; the patient may also require special nursing care and/or ongoing therapy. There are nursing homes that provide minimal to maximum care; also called extended care facilities.

Occipital Lobe - Region in the back of the brain which processes visual information. Damage to this lobe can cause visual deficits.

Occupational Therapy OT - Occupational Therapy is the therapeutic use of self-care, work and play activities to increase independent function, enhance development and prevent disability; may include the adaptation of a task or the environment to achieve maximum independence and to enhance the quality of life. The term occupation, as used in occupational therapy, refers to any activity engaged in for evaluating, specifying and treating problems interfering with functional performance.

Outpatient – Care received without staying overnight at a hospital.

Parietal Lobe - One of the two parietal lobes of the brain located behind the frontal lobe at the top of the brain. Regulates responses to touch, heat, cold, pain, and body awareness.
   - Parietal Lobe, Right - Damage to this area can cause visuo-spatial deficits (e.g., the patient may have difficulty finding their way around new, or even familiar, places).
   - Parietal Lobe, Left - Damage to this area may disrupt a patient's ability to understand spoken and/or written language.

Personal Care Home PCH – Personal Care Homes are privately operated and provide room, board personal care. A determination about the appropriateness of a home including financial arrangements and provided services must be made. Small supervised environment that provides 3 meals a day, laundry is taken care of, med are supervised, doctor appointments are kept, activities are encouraged. Many offer Respite Care. State licensed.

Physiatrist - A physician who specializes in physical medicine and rehabilitation. Some physiatrists are experts in neurologic rehabilitation, trained to diagnose and treat disabling conditions. The physiatrist examines the patient to assure that medical issues are addressed; provides appropriate medical information to the patient, family members and members of the treatment team. The physiatrist follows the patient closely throughout treatment and oversees the patient's rehabilitation program.

Physical Therapist PT - The physical therapist evaluates components of movement, including: muscle strength, muscle tone, posture, coordination, endurance, and general mobility. The physical therapist also evaluates the potential for functional movement, such as ability to move in bed, transfers and walking and then proceeds to establish an individualized treatment program to help the patient achieve functional independence.

Post Traumatic Stress Syndrome – (PTSD) – is a severe anxiety disorder that can develop after exposure to any event which results in psychological trauma. Symptoms may include flashback, nightmares as well as uncontrollable thoughts about the event.

Rehabilitation Facility - Agency of multiple, coordinated services designed to minimize for the individual the disabling effects of one's physical, mental, social, and/or vocational difficulties and to help realize individual potential.
Rehabilitation Team - An organized group of health care specialists, who focus on providing a logical, practical and complete rehabilitation plan for the patient. Upon admission to the rehabilitation hospital, the patient is evaluated by each team member who defines both short-term and long-term goals for the patient’s rehabilitation. Meetings of the rehabilitation team (sometimes called "rounds") are held regularly to discuss the patient’s progress and, if necessary, to redefine the goals. Additional family conferences may also be scheduled.

Acute Rehab – 3-6 hours of therapy services are provided per day. Average 10-14 day stay and 6:1 nurse to patient ratio. Physiatrists on site.

Subacute Rehab- 1-2 hours of therapy services are provided per day. Designed to return patient to community or transition them to a lower level of care. Average 3 week stay and 20:1 nurse to patient ratio. Drs available on a limited basis.

Respite Care - A means of taking over the care of a patient temporarily (a few hours up to a few days) to provide a period of relief for the primary caregiver.

Social Security – Provides cash benefits to people who have worked and have become disabled. This entitlement program ensures that that citizens with disabilities receive benefits from this program.

SSI – Supplemental Security Income. Children, housewives and others who have not worked, or paid into SSDI, can qualify for disability.

SSDI – Social Security Disability Income. You must have paid into FICA and paid into the Social Security system during your work history.

Seizure - An uncontrolled discharge of nerve cells which may spread to other cells nearby or throughout the entire brain. It usually lasts only few minutes. It may be associated with loss of consciousness, loss of bowel and bladder control and tremors. May also cause aggression or other behavioral change.

Social Worker SW - The social worker serves as a liaison between the professional team and other parties concerned with the patient, including: the family, funding sources, friends, and representatives of past or future placements. An important role of the social worker is to help ensure that if home placement does not materialize, or if home placement is not indicated, the social worker provides assistance to the patient and family for finding other alternatives.

Spasticity - An involuntary increase in muscle tone (tension) that occurs following injury to the brain or spinal cord, causing the muscles to resist being moved. Characteristics may include increase in deep tendon reflexes, resistance to passive stretch, clasp knife phenomenon, and clonus.

Speech and Hearing Therapist - The speech pathologist and audiologist identifies problem areas of visual (seeing) and auditory (hearing) comprehension, attention, memory (recent and past), language skills, writing skills and reading skills. The information gathered by the speech and hearing specialist is valuable to other team members; for example, whether or not to use reading as a means of communicating information to the patient. The speech therapist provides instruction and practice in improving skills in comprehension and communication.

Speech-language Pathology Services - A continuum of services including prevention, identification, diagnosis, consultation, and treatment of patients regarding speech, language, oral and pharyngeal sensorimotor function.

Stroke – A stroke or “brain attack” occurs when a blood vessel in the brain becomes blocked or bursts. A stroke results in a lack of blood supply, causing surrounding nerve cells to be cut off from their supply of nutrients and oxygen.

Subacute - The prefix "sub" means under, below, near or less than complete; "acute" means sharp, severe; having a sudden onset, sharp rise and short course. Thus, a subacute condition is one which has not reached, or has already passed through, the acute phase.

Subdural - Beneath the dura (tough membrane) covering the brain and spinal cord.

Temporal Lobes - There are two temporal lobes, one on each side of the brain located at about the level of the ears. The centers for language and learning. These lobes allow a person to tell one smell from another and one sound from another. They also help in sorting new information and are believed to be responsible for short-term memory.

Right Lobe - Mainly involved in visual memory (i.e., memory for pictures and faces).
Left Lobe - Mainly involved in verbal memory (i.e., memory for words and names).

Tumor – A group or mass of abnormal cells that start in the brain. Many types exist and some are noncancerous (benign) and some are cancerous (malignant).
Vegetative State - Return of wakefulness but not accompanied by cognitive function; eyes open to verbal stimuli; does not localize motor responses; autonomic functions preserved. Sleep-wake cycles exist. See Persistent Vegetative State. (Note: the term Vegetative State is currently under scrutiny in order to replace it with a more appropriate term.)

Vocational skills – Behaviors needed to get and keep a job. This includes everything from simple on task behavior in a structured workshop setting to higher level cognitive functions in competitive employment.

Vocational Adjustment Center - A rehabilitation facility that is to facilitate the transition to employment of vocationally disadvantaged persons who experience emotional, physical or social disability. Its vocational treatment goals may be an improvement in:
1) The capacity to function productively,
2) The ability to secure appropriate employment, or
3) The capacity to adapt on the job.
These changes may be accomplished by increasing psychological work capacity, by modifying a client's vocational pattern to conform to the stereotype of a good worker (the work personality), or by developing personality characteristics which are needed to adjust to the requirements of the job.

Workmen's Compensation - Insurance programs, under state auspices or control, except for Federal employees and certain maritime workers, to provide financial resources for medical care and lost wages and earning power resulting from industrial accidents, and from illnesses resulting from employment.
**Symptom Checklist:** A wide variety of symptoms can occur after “brain injury”. The nature of the symptoms depends, in large part, on where the brain has been injured and type of brain injury (ABI). Below is a list of possible physical and cognitive symptoms which may arise from damage to specific areas of the brain.

**Frontal Lobe: forehead can cause:**
- Attention & concentration
- Organization
- Motor Planning and initiation
- Awareness of abilities and limitations
- Problem Solving
- Mental Flexibility
- Personality

**Parietal Lobe: near the back and top of the head**
- Sense of touch
- Differentiation (identification) of size, shapes & colors
- Visual Perceptions

**Occipital Lobe: most posterior, at back of head**
- Defects in vision
- Difficulty with locating objects in environment
- Visual illusions—inaccurately seeing objects
- Word blindness—inability to recognize words
- Difficulty in recognizing drawn objects, reading and writing
- Inability to recognize the movement of object

**Temporal Lobes: sides of head above ears**
- Memory
- Understanding language (receptive language)
- Sequencing
- Organization
- Aggressive behavior

**Brain Stem: deep within the brain**
- Breathing
- Attention & Concentration
- Sleep and wake cycles

**Cerebellum: base of the skull**
- Balance
- Skilled motor activity

**Left Side of the brain:**
- Difficulties in understanding language (receptive language)
- Difficulties in speaking or verbal output (expressive language)
- Verbal memory deficits
- Impaired logic
- Sequencing difficulties
- Decreased control over right-sided body movements

**Right Side of the brain:**
- Visual-Spatial impairment
- Decreased attention & Concentration
- Altered creativity & music perception
- Loss of “the big picture” type of thinking
- Decreased control over left side body movements

**Diffuse brain injury—scattered throughout both sides**
- Reduced thinking speed
- Reduced attention & Concentration
- Impaired cognitive (thinking) skills in all areas

If you are having troubles contact your Health Care Professional. Contact BIAG for information support services and resources...you are not alone!  www.braininjurygeorgia.org

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Frontal Lobe: Forehead
Parietal Lobe: Near the back and top of the head
Occipital Lobe: most posterior, at back of head
Temporal Lobes: sides of head above ears
Brain Stem: deep within the brain
Cerebellum: base of the skull

**Brain Injury Can cause:**
Challenging Cognitive, Physical & Emotional Impairments

<table>
<thead>
<tr>
<th>Cognition (thinking)</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory</td>
<td>Anxiety/Fear</td>
</tr>
<tr>
<td>Poor Coping Skills</td>
<td>Anger/Rage</td>
</tr>
<tr>
<td>Speech Impairments</td>
<td>Paranoia</td>
</tr>
<tr>
<td>Visual Impairments</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Paralysis</td>
<td>Low Self-Esteem</td>
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<tr>
<td>Lack of Confidence</td>
<td>Impulsivity</td>
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<tr>
<td>Strength &amp; Coordination Impairments</td>
<td></td>
</tr>
<tr>
<td>Labile (rapidly changing) Mood</td>
<td></td>
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</tbody>
</table>

BIAG provides this information for your use and information only. Please do research according to your needs, and situation.
Brain Injury Association of Georgia, Inc.
Non-Profit 501(c) (3) Organization
1441 Clifton Road NE S#106A
Atlanta, GA 30322
404-712-5504
National Brain Injury Information Center Helpline 1-800-444-6443

www.braininjurygeorgia.org
jane@braininjurygeorgia.org

Any Questions? Contact Jane Jackson, Director

The Brain Injury Association of Georgia is a non-profit 501(c) (3) organization

Our organization encourages the participation of volunteers and interns who support our mission. Please complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in the Brain Injury Association of Georgia.
Application:

Name: ______________________________________________________________________________

Address: ____________________________________________________________________________

Phone Nr: Home: _______________    Cell: __________________ Work: ____________________ Email:

____________________________________________________________________________________

SSN (Background check if required):_____________________________Birthdate: __________________

Employer: _____________________________________ Position: ______________________________

I am a:  Survivor___    Family____ Friend____ Caregiver_____ Professional____ Student____

Other: ______________________________________________________________________________

Have you done other Volunteer work at a non-profit or other: Yes___ No___

If Yes, what did you do: ______________________________________________________________________________________

____________________________________________________________________________________

I would like to help with (Check all that applies):

1) Membership                    9) Library____
2) Brochure/Pamphlet _____        10) Newsletter____
3) Camp Hardgrove____            11) Office Help____
4) Database management_____      12) Peer Visitor-Vets____
5) Development Coordinator/Grants____       13) Social Networking____
6) Events____                  14) Sponsorship____
7) Fundraising                15) Events: __________________
8) Information/Resource Outreach____

15) Serve on Board Committee (Specify):____________________________________________________

16) Other (Specify):_____________________________________________________________________

Please list any relevant work and skill experience: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Why do you want to volunteer for BIAG and how did you hear about us? _________________________

____________________________________________________________________________________

____________________________________________________________________________________

When will you be able to volunteer and how often: ____________________________________________

For how Long: __________________________________________________________________________
Please List up to 3 Personal References: Name – Phone Nr – Personal or Professional Relationship
1.___________________________________________________________________________________
2.___________________________________________________________________________________
3.___________________________________________________________________________________

If you have a disability what accommodation would you need to do this volunteer job: ____________
____________________________________________________________________________________

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be
volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility
for a liability for any accident, injury or health problem which may arise from any volunteer work I perform for the
organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary
payment or reward.

I hereby attest the above information is true to the best of my knowledge:

Signature: _______________________________ Date: __________________________

Thank you,

Jane
Jane Jackson, CBIS
Director
Brain Injury Association of Georgia
404-712-5504
Fax: 770-924-4831
jane@braininjurygeorgia.org

PLEASE SIGN AND RETURN TO jane@braininjurygeorgia.org or Fax: 770-924-4831
Brain Injury Association of Georgia

Pledge of Confidentiality

This agreement applies to all volunteers, board members and staff associated with and/or involved in the activities or affairs of the Brain Injury Association of Georgia, Inc. (BIAG). This includes all activity associated with BIAG at its main office and all outreach locations.

All data, materials, knowledge and information generated through, originating from, or having to do with BIAG or persons associated with our activities, including contractors, donors, members, families, volunteers, individuals, organizations or other is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, memberships, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of BIAG.

This also includes, but is not limited to, any information of, or relating to, our staff, memberships, support groups, clients, organizations, operations, volunteers, programs and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client/contact information, including all file information, is not be disclosed to any third party, under any circumstances, without the consent of the BIAG director or member of the Board of Directors.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will be subject to disciplinary action and/or prosecution, according to the procedures set by BIAG and any applicable laws.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

_______________________________
Printed Name

_______________________________
Signature

Date: ____________________________

PLEASE SIGN AND RETURN TO jane@braininjurygeorgia.org or Fax: 770-924-4831
Policy

● Background Check
BRAIN INJURY ASSOCIATION OF GEORGIA reserves the right to conduct background checks at any time during the volunteer’s tenure. By signing the BRAIN INJURY ASSOCIATION OF GEORGIA Volunteer Application, you authorize BRAIN INJURY ASSOCIATION OF GEORGIA run a background check of your criminal record and to contact the references listed on your application.
Volunteers assigned to certain jobs may automatically undergo a background check such as volunteering at Camp Hardgrove.

● Drugs and Alcohol
BRAIN INJURY ASSOCIATION OF GEORGIA has a zero-tolerance policy for illegal drugs. Volunteers are not permitted to consume alcohol on premises at any time. Violation of this policy is cause for immediate dismissal from the volunteer program.

● Confidentiality – Confidentiality Agreement must be signed

● Harassment
BRAIN INJURY ASSOCIATION OF GEORGIA is committed to providing a professional work environment. Harassment of any form is not tolerated. This policy applies to sexual harassment, as well as harassment based on race, gender, ethnicity and disability.

● Required and Court-Ordered Community Service
If your volunteer service is required to fulfill a community service obligation (either for school, government services, or alternative sentencing) you are required to record your hours on a supplemental form and have the hours you worked verified each day.

● Internship
If you need to develop a project or are able to help with one of our many programs, you may be required to complete documentation. We will be glad to work together and support your needs for educational requirements.

● Time Sheet
Volunteers are required to log their time and activities in time sheet where necessary and provided by BRAIN INJURY ASSOCIATION OF GEORGIA.

● Professional behavior
While we welcome volunteer enthusiasm, volunteers should not assume any role where they would be representing the BRAIN INJURY ASSOCIATION OF GEORGIA. You are expected to conduct yourself in a professional manner while volunteering. You are a very important part of the BRAIN INJURY ASSOCIATION OF GEORGIA community. Please do not act as spokesperson, speak to the media on behalf of BRAIN INJURY ASSOCIATION OF GEORGIA unless authorized by BRAIN INJURY ASSOCIATION OF GEORGIA staff or board.

• We are a small, not-for-profit organization with a very limited budget we ask that you act with awareness of these limits.

• Anyone suspected of emotional, physical, or sexual abuse on a young person or individual will be dismissed immediately, a report will be filed and legal charges will be pressed as appropriate.

• The staffs are mandated reporters, which mean we are legally bound to report intentions of suicide or homicide and cases of child or elder abuse to the proper authorities. Immediately tell a staff member if a person discloses anything of this nature to you.

• BRAIN INJURY ASSOCIATION OF GEORGIA is a non-denominational agency to ensure an environment of inclusively for people of all cultural, disability and religious backgrounds. Please be respectful of this intention when interacting with people. All applications are screened without regard to race, color, creed, national or ethnic origin or sexual orientation.
1. The references I provide may be contacted by telephone or email.
2. I understand that BRAIN INJURY ASSOCIATION OF GEORGIA has my permission to use my name and photographs of me to promote the organization.
3. I will inform a BRAIN INJURY ASSOCIATION OF GEORGIA Staff or the Volunteer Supervisor of any previous injuries that may affect my ability to safely complete volunteer tasks, including lifting.
4. I understand that I must carry my own health insurance. I will not hold BRAIN INJURY ASSOCIATION OF GEORGIA responsible for any unforeseen injuries or problems that may occur on the job.
5. I understand I may not initiate or engage in any media/public event without the approval of BRAIN INJURY ASSOCIATION OF GEORGIA. Requests for media engagements will be referred directly to the Jane Jackson.
6. I understand that I have the right to submit a grievance to the Executive Director of BRAIN INJURY ASSOCIATION OF GEORGIA should I not be satisfied with the response to the needs of, the interaction with, or guidance of survivors or their families within the scope of BRAIN INJURY ASSOCIATION OF GEORGIA mission.
7. I understand that I may not be alone in the company of minor children without the presence of a legal guardian. I will not transport minor children for any purposes without the accompaniment of a legal guardian and expressed consent of BRAIN INJURY ASSOCIATION OF GEORGIA following a fingerprint background check.
8. I understand that I may receive personal information regarding a brain injury survivor or caregiver or other on an as needed basis and they may choose to disclose information. I understand that all information is confidential, especially addresses and contact information, and that it is not to be disclosed to an outside party in written or verbal form, nor in an electronic communication such as mail, website accessible by public, etc.
9. Many brain injury survivors or their caregivers choose not to have their photos taken for personal and/or security reasons. I understand that I may not photograph nor arrange for a photograph of individual(s) without first receiving approval from the BRAIN INJURY ASSOCIATION OF GEORGIA Staff or Volunteer Supervisor to ensure that BRAIN INJURY ASSOCIATION OF GEORGIA has obtained expressed written consent on a BRAIN INJURY ASSOCIATION OF GEORGIA consent form.
10. I understand all brain injury survivors and their caregivers are to be treated with dignity, respect and consideration and are not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.
11. I understand that the terms listed above are not all-inclusive and may be updated, as needed.

I have read the volunteer guideline and policies listed above and hereby agree to them.

________________________________________  ____________________________
Name (print)                                  Signature

________________________________________  ____________________________
Date                                          Driver’s License #

________________________________________
Address Street - City – State - Zip

________________________________________
Email                                         Phone

PLEASE SIGN AND RETURN TO jane@braininjurygeorgia.org or Fax: 770-924-4831