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Website: www.efepa.org

VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

EMAIL _____ FAX _____

WHICH POSITION/S ARE OF INTEREST TO YOU AND WHAT ARE YOUR SKILLS?

AREAS OF INTEREST (please check all that apply)	SPECIAL SKILLS (please check all that apply)
<input type="checkbox"/> Fundraising/Special Events (Weekends) <input type="checkbox"/> Office Work (Weekdays business hours) <input type="checkbox"/> Conferences/Workshops (Weekends) <input type="checkbox"/> Public Relations/Media <input type="checkbox"/> Marketing/ Community Outreach <input type="checkbox"/> Support Groups/ Health Fairs (some evenings and weekends) <input type="checkbox"/> Database Maintenance <input type="checkbox"/> Legislative Efforts <input type="checkbox"/> Youth & Young Adult Events	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Foreign Language fluency <input type="checkbox"/> Fundraising <input type="checkbox"/> Public Relations <input type="checkbox"/> Community Connection/Relationship <input type="checkbox"/> Technical/Computer Skills <input type="checkbox"/> Written/Verbal Communication <input type="checkbox"/> Graphic design/creative assistance <input type="checkbox"/> Website development/maintenance <input type="checkbox"/> Legislative Efforts

AVAILABILITY FOR VOLUNTEERING:

- Weekdays
- Evenings
- Saturdays/Sundays

WHY DO YOU WANT TO VOLUNTEER FOR THE EPILEPSY FOUNDATION?

WHAT IS YOUR MEANS OF TRANSPORTATION? _____

HIGHEST LEVEL OF EDUCATION: _____

DO YOU HAVE EPILEPSY? IF SO, WHAT TYPE OF SEIZURES? _____

WORK EXPERIENCE DO YOU HAVE THAT IS APPLICABLE TO VOLUNTEERING: _____

COMMUNITY AFFILIATIONS (list clubs/organizations you belong to): _____

OTHER VOLUNTEER EXPERIENCE (include organization and type of volunteer activity): _____

HOW DID YOU LEARN ABOUT EFEPa? _____

PERSONAL REFERENCES (other than family members or EFEPa staff)

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

Signature

Date

***** PLEASE PROVIDE A RESUME IF AVAILABLE *****

***** The EFEPa will provide a Volunteer Orientation *****

FOR OFFICE USE ONLY:

INTERVIEW DATE _____ INTERVIEWED BY _____

VOLUNTEER ASSIGNMENT _____

ORIENTATION DATE _____ MENTOR _____

SOCIAL CONTRACT SIGNED (date) _____

VOLUNTEER START DATE _____