



919 Walnut Street, Suite 700  
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 1-800-887-7165 PA Only  
 Website: www.efepa.org

## VOLUNTEER APPLICATION

Today's Date:

<b>Name</b>					
<b>Address</b>	<b>Street:</b>				
	<b>City:</b>		<b>State:</b>		<b>Zip:</b>
<b>Daytime Phone</b>			<b>Evening Phone:</b>		
<b>Email Address</b>					
<b>Best Method of Contact (phone or email)</b>					

<b>What are your areas of interest? Please mark with an "x" all that apply</b>	
<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

<b>What are your skills? Please mark with an "x" all that apply</b>	
<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

**What is your availability for volunteering?**

<input type="checkbox"/>	Weekdays
<input type="checkbox"/>	Evenings
<input type="checkbox"/>	Saturdays/Sundays

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<b>Why do you want to volunteer for the Epilepsy Foundation Eastern PA?</b>	
<b>What is your means of transportation?</b>	
<b>What is your highest level of education?</b>	
<b>Do you have epilepsy? If so, what type of seizures?</b>	
<b>What type of work experience do you have that is applicable to volunteering?</b>	
<b>Community Affiliations (clubs/organizations you belong to):</b>	
<b>Other Volunteer Experience (include organization and type of volunteer activity):</b>	
<b>How did you learn about the EFEPa?</b>	

<b>PERSONAL REFERENCES</b> (other than family members or EFEPa staff)	<b>Name:</b>		<b>Phone:</b>	
	<b>Name:</b>		<b>Phone:</b>	

**\*\*\* 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	