



STAFF NOTES:

Volunteer Application

Full Name: _____ Daytime Phone: _____

Address: _____

Email: _____ Year of Birth: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone: _____

What is your availability?

Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Time(s)						

Are you interested in an ongoing volunteer position? Yes No

If so, how many hours per week would you like to work? _____

Please check the volunteer opportunities that interest you, and circle the one that interests you the most:

<input type="checkbox"/> Basic Clerical – help in office with copying, assembling handouts, mailings, etc. <input type="checkbox"/> Advanced Clerical – help in office with data entry, phone calls, computer work, etc. <input type="checkbox"/> Local Outreach – work in office or from home; promote the Foundation by delivering materials to local health systems, attending health fairs, developing lists of possible outreach contacts, working with local media outlets, etc.	<input type="checkbox"/> Event – help at events with registration, set-up/clean-up, hospitality, and other tasks (at fundraising events, conferences, social events, etc.) <input type="checkbox"/> Camp Discovery* – help as a camp counselor, medical team member, activity leader/assistant, registration assistant, etc. <input type="checkbox"/> Other (please describe):
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* There are a limited number of Camp Discovery volunteer positions, additional application materials must be completed, and applying does not guarantee a position.

Please use the following space to describe any relevant interests, skills, or experience:

Please mail completed application to Epilepsy Foundation of Michigan (25200 Telegraph Rd, Ste 110, Southfield, MI 48033), fax to 248-351-2101, or email to pbird@epilepsymichigan.org.