



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"/> Other (please describe): |
|---|---|

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.