



GET Connected Personal Information Form

Send to:

Attn: Stephanie Kolari
Epilepsy Foundation of Minnesota
1600 University Avenue West, Suite 300
Saint Paul, MN 55104
651-287-2300 / 800-779-0777
www.efmn.org

Date: _____

Epilepsy Foundation of Minnesota GET Connected *A Network for people affected by epilepsy*

Contact Information (please print)

Name: _____
(last) (first) (middle)

Address: _____
(street address)

(city) (state) (zip) (county)

Phone Number: (home) _____ - _____ - _____ (cell) _____ - _____ - _____ Date of Birth: _____
(work) _____ - _____ - _____

Preferred Email Address: _____

Mode of Transportation: _____

Best Way to Contact You: Phone Email Mail

Background Information

- I am a person with epilepsy I have a child with epilepsy I have a spouse/partner with epilepsy
- I have a family member (other than child or spouse/partner) with epilepsy
- I work with someone who has epilepsy

If you are a person with epilepsy, how long have you been diagnosed? _____

Please briefly share your story to help us connect you:

- I am willing to share my experiences with other people affected by seizures.
 - You can refer people to me for this purpose.
- I am looking for people to share their experiences with me. Please connect me with someone who is affected by seizures and is who willing to share their experiences with me.
- Both

-TURN OVER-

Please indicate networking opportunities that interest you (rate in order of preference: 1 highest-8 lowest):

Please note: Not all opportunities are available at all times. For example, support groups may not be available in each area and/or may be limited to a specific audience or group of people.

E-mail Chat Groups _____ Support Groups _____
Social Gatherings _____ Internet communities _____
Educational Workshops _____ Recreational Activities _____
One-to-one communication _____ Other (please specify): _____

GET Connected Specific Questions:

What is/are your preferred way(s) to connect with others (mark all that apply)?

- Face to Face (in person) Phone
 Email Internet Websites Other: _____

If you were to *lead/facilitate* a group in your area, what would it look like (mark all that apply)?

- Social Gathering Educational (with speakers) Small Group (3-10)
 Local Meeting (in region) Statewide meeting Medium Group (10-15)
 Large Group (20+)
 Other, Please Specify: _____

Who would you like to connect with?

- Families affected by epilepsy Adults (non families) with epilepsy
 Adults with family members affected by epilepsy Youth with epilepsy
Ages: _____ Genders: men women doesn't matter
 I will connect with any type of group as long as the topic is epilepsy

What languages do you speak? _____

Please Read and Sign

I hereby certify that the facts set forth in the above form are true and complete to the best of my knowledge. I understand that completing this form does not ensure an immediate GET Connected placement. I also understand that this is not an application for paid employment. Further, I grant permission for the Epilepsy Foundation of Minnesota to use any photos taken of me for submission in publications. I release the Epilepsy Foundation of Minnesota from any and all liability in the event of injury while participating in the GET Connected Network.

Applicant's Signature: _____ Date: _____

Required if under the age of 15 years:

Parent's or Guardian's Signature: _____ Date: _____

Opportunities are provided solely on individual merit of applicants related to specific connection assignment requirements and without regard to religion, creed, race, national origin, age, gender, or sexual orientation.