

Volunteer Application



Send to:

Epilepsy Foundation of Minnesota
Attn: Volunteer Coordinator
1600 University Avenue West, Suite 300
Saint Paul, MN 55104

651-287-2300 / 800-779-0777
www.efmn.org

Date of Application: _____

Contact Information (please print)

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

Address: _____
(street address)

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

E-mail: _____ Date of Birth: _____

Phone Number: (home) _____ - _____ - _____ (cell) _____ - _____ - _____ (work) _____ - _____ - _____

Employer / Job Title (if employed): _____

Business Address: _____

What is your relationship to epilepsy? (mark all that apply): I have My child has My spouse / partner has
 Another member of my family has (other than child or partner) I work with people with epilepsy
 Other (please specify): _____

Emergency Contact

Name: _____ Relationship to You: _____
(last) (first) (middle)

Phone Number: (day) _____ - _____ - _____ (evening) _____ - _____ - _____

Please help us in our recruitment efforts by telling us how you heard about our volunteer opportunities (mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Epilepsy Foundation of Minnesota Volunteer / Employee | <input type="checkbox"/> Volunteer Center |
| <input type="checkbox"/> Church | <input type="checkbox"/> Friend / Relative |
| <input type="checkbox"/> Civic Organization | <input type="checkbox"/> EFM Website |
| <input type="checkbox"/> Employer / Corporation | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> School | <input type="checkbox"/> Other (please specify): _____ |

Please indicate the volunteer opportunities that interest you (in order of preference):

Please note: Not all opportunities are open at all times. Certain positions require training and/or have additional eligibility requirements. Some positions may also require a reference check.

1. _____ 3. _____
2. _____ 4. _____

Education Information

Are you currently a student? Yes No School / Major: _____

What is your education level? High School Graduate Some College College Graduate

Special training or skills you have that you would like to share or use (i.e. teaching license, crafts, languages, computer entry, accounting, etc.): _____

(TURN OVER)

Internship

Are you applying for an internship? Yes No

If yes, how many hours do you need to complete your requirements? _____

What level of supervision is needed? _____

When do you need the internship to take place? _____

Your Availability

Hours Per Week: _____ Check All That Apply: Days Evenings Weekends

Preferred Location: Fargo / Moorhead St. Paul / Metro Rochester / Southern MN
 Duluth / Northern MN St. Cloud / Central MN

How will you get to your volunteer site? (please check all that apply)

Own Car Public Transportation Walk Bike Ride from Family/Friend

Volunteer Experience

Have you volunteered with the Epilepsy Foundation of Minnesota before? Yes No

If yes, what and where was your volunteer position?

Describe any previous volunteer experience, work experience, internships, or field work:

Why are you interested in volunteering at the Epilepsy Foundation of Minnesota at this time?

Please provide any further information that would help us determine how we can appropriately match your needs:

For Camp Oz Volunteers

For your safety out at camp, please list any allergies and/or any current or recurring health conditions:

Please Read and Sign

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer or internship 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 volunteering.

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 volunteer assignment requirements and without regard to religion, creed, race, national origin, age, gender, or sexual orientation.

For Office Use Only

Check Volunteer Type: Continuous Short-term One-time Volunteer Start Date: _____

Region: Southern MN Northland West Central Metro Fargo / Moorhead