



## VOLUNTEER APPLICATION FORM

<b>Contact Information</b>				Date		
First Name		Last Name		Age		
Street						
City		State		Zip Code		
Email				Phone (cell)		
Phone (home)		Other				

**Why do you want to volunteer for the Epilepsy Foundation of Greater Los Angeles?**

**How did you find out about the Epilepsy Foundation of Greater Los Angeles?**

**Any other information we should know about you? Any other considerations?**

**What type of volunteer work would you prefer? What are your interests?**

*Please double-click to the left of each of the box(es)  you select. A dialogue box will open up. Please choose "check" and it should change the blank-box  to a check-box . You may check as many boxes as you like.  
Please note that some activities and programs require additional screening, qualifications and experience.*

<input type="checkbox"/> General office work	<input type="checkbox"/> Special Event Planning	<input type="checkbox"/> Family Holiday Party	<input type="checkbox"/> Teen Retreat
<input type="checkbox"/> Receptions	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Family Picnic	<input type="checkbox"/> Family Camp
<input type="checkbox"/> Mailings	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Adult Retreat
<input type="checkbox"/> Phone bank	<input type="checkbox"/> Freedom Walk	<input type="checkbox"/> Brain Storm Summit	
<input type="checkbox"/> Other			

**What are your qualifications and experience?**

What are your special skills?

Are you fluent in any languages other than English?

Yes

No

If YES, list languages

**What is your educational background?**

	Name of School	Year	Explain/Describe/Other
High School			
Associates Degree (2 year)			
College (4-year)			
Graduate or Post-graduate Training			
Other special training or certificates			

**What is your employment experience?**

	Employer	Years	Contact Person	Email/ Phone
Current job				
Previous job				

**What is your other volunteer experience?**

	Organization / Activity	Years	Activity	Contact Person	Email/ Phone
Recent					
Other					
Other					

**What is your availability?***Please put an "X" in the appropriate boxes.*

	Monday	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Noon							
Afternoon							
Evening							
Other, explain <i>[Example: One week per year]</i>							

## References

Please list 3 references. At least 1 should be a professional reference.

Name	Contact Information Tel No./Email	Relationship	Length of time known

## In case of emergency, please notify:

Name	Contact Information Tel No./Email	Relationship	Length of time known

**Regardless of previous volunteer experience, all volunteers working with children must be fingerprinted. Fingerprinting fees will be reimbursed by the Epilepsy Foundation when documentation is received.**

*This is to confirm that my signature or name below indicates that the information above is accurate. If I choose to email this form without my signature, my printed or typewritten name below is the same as my signature.*

Signature/Printed Name:	Date

**ONLY those interested in working with children/teens must answer questions on the previous page and on this page. (This includes anyone wanting to help at any camp, retreat, or family program.)**

**There are additional specific orientations that you must attend if you are applying to be involved with Family Camp, Teen Retreat and any other children’s programs. You will receive information on these sessions as the events draw near.**

<b>What experience do you have working with children?</b>				
<i>Please describe in detail and feel free to include any babysitting experience even for younger siblings.</i>				
	Role/Title	Agency/Situation/Location	Age Range	Contact Name / Contact Info
1				
2				
3				
4				

<b>What experience do you have working with children or adults with special needs?</b>				
<i>Please describe in detail and feel free to include any experience with younger or older siblings with special needs.</i>				
	Role/Title	Agency/Situation/Location	Age Range	Contact Name / Contact Info
1				
	Describe in detail: 			
2				
	Describe in detail: 			
3				
	Describe in detail: 			

<b>Do you have experience as a camp counselor? Camp assistant?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please provide the information below				
Camp Name				
Camp Director’s Name				
Director’s Contact Info				

<b>Do you have any special hobbies or interests that would be applicable?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please describe and explain in more detail.				

<b>What age group(s) do you feel most comfortable working with?</b>		
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**Do you have any physical limitations that may limit or prohibit you from participating or helping with any of the activities?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If YES, please describe and explain in more detail.

**Please tell us why you are interested in being a counselor or helping at camp or retreat or during a day event**

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Signature/Printed Name:

Date