

## EPILEPSY FOUNDATION CENTRAL & SOUTH TEXAS VOLUNTEER APPLICATION

**Name:** \_\_\_\_\_  
First
Middle
Last

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

**Please Indicate the best place to reach you:**  Home  Cell phone  E-mail  Work

<b>Date of Birth:</b> ____/____/____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Epilepsy:</b> <input type="checkbox"/> Self <input type="checkbox"/> Family Member Name(s): _____
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<b>Reference(s):</b>	Name: _____ Phone: _____	Name: _____ Phone: _____
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**Emergency Contact 1:**  
 Name : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
 Cell Ph: \_\_\_\_\_

**Education:**  
 Please indicate highest academic degree(s): \_\_\_\_\_  
 List other significant skills: \_\_\_\_\_

**Emergency Contact 2:**  
 Name : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
 Cell Ph: \_\_\_\_\_

**What are the best days & times you will be able to volunteer:**  
 M-F **OR** Specific day(s): \_\_\_\_\_  
 Time: 9am to \_\_\_\_ **OR** Specific time(s): \_\_\_\_\_  
**How did you hear about the Epilepsy Foundation:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### WHERE WOULD YOU BE INTERESTED IN HELPING THE FOUNDATION

<input type="checkbox"/> <b>DATABASE ENTRY</b> Help maintain various database lists. Data input experience needed	<input type="checkbox"/> <b>GENERAL OFFICE</b> Typing, filing, etc	<input type="checkbox"/> <b>STUFFER AND SEALERS</b> It takes a lot of hands to stuff, sort and seal during our mail outs. No experience needed!
<b>OTHER</b> <input type="checkbox"/> SPEAKER <input type="checkbox"/> SUPPORT GROUP LEADER <input type="checkbox"/> PUPPETEER	<b>FUNDRAISERS</b> <input type="checkbox"/> Mardi Gras <input type="checkbox"/> Summer Stroll <input type="checkbox"/> Bowl-A-Thon	

Volunteer Name _____	Volunteer Signature _____	Date _____
Volunteer Coordinator Name _____	Volunteer Coordinator Signature _____	Date _____