



VOLUNTEER APPLICATION FORM

Name _____ Date _____

Address _____ City _____ ZIP _____

Phone(s) _____ E-mail _____

Days & Times available for volunteer work _____

Days & Times not available _____

CHECK VOLUNTEER SERVICES PREFERRED

- | | |
|--|---|
| <input type="checkbox"/> Stamping literature | <input type="checkbox"/> Computer data entry |
| <input type="checkbox"/> Helping with special events | <input type="checkbox"/> Help with mailings |
| <input type="checkbox"/> Raising funds | <input type="checkbox"/> Computer services |
| <input type="checkbox"/> Making presentations to adults | <input type="checkbox"/> General office help |
| <input type="checkbox"/> Child supervision during parent support group | <input type="checkbox"/> Phoning |
| <input type="checkbox"/> Making presentations to children | <input type="checkbox"/> Legislative advocacy |

Other (specify) _____

DO YOU HAVE SPECIAL SKILLS WE MAY NEED SUCH AS:

- | | |
|------------------------------------|-----------------------|
| Computer _____ | Accounting _____ |
| Computer graphics _____ | Photography _____ |
| Fund raising _____ | Art work _____ |
| Writing _____ | Public speaking _____ |
| Translation (What language?) _____ | |

Other _____

Can you speak Spanish? _____ Do you drive? _____

Do you need to work from home? _____

If employed, type of employment _____

If a student, where? _____ Subject major _____

Previous volunteer experience _____

In case of emergency, notify _____

Relationship _____ Phone _____

Physician _____ Phone _____

Please return this form to Sasha Clifton, Program Director at:

sasha@epilepsysandiego.org or 619-296-0802 (fax)