



STRONGER TOGETHER

Volunteer Application

Date of Application _____

General Information

Full Name: _____

Address: _____

City: _____ ST _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

Are you over 18? Yes No (If no, please ask a parent or guardian to sign application)

Employment Information

Please circle: Employed Retired Student Other

Current Work Place (if applicable): _____

Job Title: _____

Company Address: _____

City: _____ State _____ Zip _____

Work Telephone _____ Work E-mail: _____

May we contact you at work via phone or e-mail? _____

If you are attending school, name of school _____ Grade _____

Are you receiving school credit for community service hours? Yes No

Special Skills

Do you have training or experience in any of the following areas?
(circle all that apply)

Finance Musician/Entertainment Medical Expertise Administration

Event Coordination Mentoring Advertising/Marketing Fundraising

Grant Writing Public Speaking Data Entry Web Development

Volunteer Opportunities

Please circle the volunteer opportunities you are interested in helping with:

Community Outreach Fundraising Special Events Office Support

Other

*Please list any languages that you speak, in addition to English _____

*Any special talents or skills you have that you feel would benefit our organization? _____

*Have you previously volunteered with us? _____

*How did you hear about our Volunteer Program? What goals would like to achieve as a volunteer? _____

Availability (Please check what days/times you are available to volunteer)

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Do you have access to a vehicle? Yes No

Do you have any physical limitations or any health issues we should be aware of?
(i.e. standing for long period of time)

Emergency Contact In case of an emergency, please contact:

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As a volunteer of Epilepsy Foundation of Hawaii I agree to abide by all policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliate, cannot assume any responsibility for any liability for any accident, injury or health program which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment.

I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer with Epilepsy Foundation of Hawaii.

I hereby grant the Epilepsy Foundation of Hawaii, its agents, and employees irrevocable right and permission to use any photographs, videos, digital images, or other recordings taken of me for any legitimate purpose, including promotional, advertising, and fundraising uses.

(Your signature)

(Date)

(Parent/Guardian if under 18)

(Date)

**Please complete and return by mail, fax or e-mail to:
Epilepsy Foundation of Hawaii
1050 Ala Moana Blvd. Suite 2550
Honolulu, HI 96814
Fax: (866) 846-8078 or E-Mail: EFH@epilepsyhawaii.org**