



Volunteer Application

Full Name:	
Street Address:	
City, State, Zip Code:	
Social Security Number:	
Home Phone:	
Work Phone:	
E-Mail Address:	
Date of Birth:	
How long have you lived in Ohio?	

Employment/Volunteer Experience:

Are you currently employed? ___yes ___no	If yes, how many hours per week? _____
Employer's name:	
Employer's phone number:	
Your duties in this position:	
Have you ever been employed by or done volunteer work for the Epilepsy Foundation? ___yes ___no	
If yes, when:	
List all previous or current volunteer jobs:	
Do you have any experience working with children or people with disabilities? ___yes ___no	
If yes, please describe:	

Volunteer Interest:

What type of volunteer job are you interested in?	
What draws you to volunteer with the Epilepsy Foundation?	
Do you have a geographical preference as to where you wish to do volunteer work? ___yes ___no	
If yes, where?	
What days and hours do you prefer to volunteer?	

Special Skills or Hobbies:

Summarize any special skills, training or interests that you may have (ex: computer skills, musical abilities, hobbies, etc.):	
Do you have a current First Aid Certification?	___yes ___no If yes, expiration date: _____
Do you have a current CPR Certification?	___yes ___no If yes, expiration date: _____

Educational Background:

High School:	
College, if applicable:	
Are you earning service hours as a graduation requirement? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, name of coordinator of school service requirements: _____	

Referral Source:

How did you hear about our organization? <input type="checkbox"/> Ad <input type="checkbox"/> Agency Client <input type="checkbox"/> Friend <input type="checkbox"/> Volunteer
<input type="checkbox"/> Employee <input type="checkbox"/> Other: _____

Character References:

List 2 people (not related to you) and their complete address. (Work or volunteer references preferred.)				
1.				
Name	Address	City, State, Zip	Phone	Relationship
2.				
Name	Address	City, State, Zip	Phone	Relationship

Person to notify in case of emergency:

Name:	
Phone number(s):	

Have you ever been convicted of any felony or misdemeanor other than a minor traffic violation?
 yes no if yes, please explain: _____

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I verify that I have read and understand all questions on this application. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that I am applying to be a volunteer, and I do not expect to be paid.

Name (printed):	
Signature:	
Date:	

By signing below, I agree to keep confidential any and all personal information of a sensitive nature pertaining to the Epilepsy Foundation of Greater Cincinnati. I also agree to have a background check done, if requested.

_____ Signature _____ Date

Our Policy

It is the policy of the Epilepsy Foundation of Greater Cincinnati to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Please return form to:

Epilepsy Foundation of Greater Cincinnati
 895 Central Avenue, Suite 550
 Cincinnati, OH 45202
 (Phone: 513-721-2905) (Fax: 513-721-0799)

Thank you for completing this application and for your interest in volunteering with us.