



Volunteer Application

Thank you for your interest in volunteering with the Epilepsy Foundation of Greater Chicago! Your help and support is greatly needed and appreciated. There are a variety of ways you can get involved, from volunteering at special events to community outreach to becoming a mentor. Please find below the different volunteer opportunities and the step-by-step process on how to become a volunteer.

What volunteer opportunities are available at the Foundation?

Camp Blackhawk – Camp Blackhawk is a week long camp for children and teenagers with epilepsy. Volunteers help with pre-camp activities such as mailing brochures, organizing camper orientation and a mid-winter camp reunion. Volunteers will also provide assistance for camp send off (train check-in, helping with luggage). Medical personnel is needed on-site throughout the week to assist with health/medication needs.

Community Outreach – Help get the word out in your community! Volunteers are needed to distribute materials about the Foundation’s programs and services to hospitals, doctors’ offices, local stores and other community centers. In addition, volunteers will help staff community outreach events – pass out EFGC information, inform event attendees about the Foundation and answer any questions.

E.L.F. – Emmett Leyden’s Friends was started in 2007 by Emmett’s cousin, Brendan. Emmett is a young boy with epilepsy who often spent many days in the hospital, including time over the holidays. E.L.F.’s mission is to obtain boxes of new seizure safe toys to distribute to epilepsy monitoring units during the holidays. Volunteers are encouraged to help solicit in-kind donations, and may help distribute the toys to local hospitals.

Friends Helping Friends (FHF) Mentoring Program – FHF Mentoring program facilitates one-on-one confidential outreach and support to individuals and families who will benefit from the knowledge of mentors. This program is open to all ages and is not limited to those with epilepsy.

Office Support – Office volunteers help with a variety of day-to-day office tasks including: covering the front desk, answering phones, greeting visitors, data entry, managing media database/press clippings, and mailings.

Outreach Clinics – Volunteers will work at a community outreach clinic. Responsibilities include: greeting patients, escorting patients to exam rooms, providing information on EFGC services, and scheduling next appointment.

Shining Stars – Help organize & supervise social club outings for our Shining Stars (5-12 yrs), Teen Group (13-17 yrs) and Young Adult Group (18 – 20 yrs).

Special Events – Volunteers assist with the Foundation’s annual Golf Outing and Epilepsy Walk. Duties may include: registering participants, securing sponsors & in-kind donations, assisting with set-up/breakdown, and helping with event logistics.

I am interested in volunteering, what are the next steps?

1. To get started, we need to know a little more about you and your interests. All volunteers are asked to fill out a Volunteer Application. Please find attached or download at www.epilepsychicago.org.
2. After completing the form, please mail or fax to the Volunteer Department at:

Epilepsy Foundation of Greater Chicago
Attn: Volunteer Department
17 N. State Street, Ste. 1300
Chicago, IL 60602
Fax: (312) 939 - 0391

3. After submitting the application, a member from our Volunteer Team will be in contact with you to discuss next steps and upcoming training dates. All volunteers will be required to attend an orientation and additional training may be required depending on the area of focus.

Who do I contact with questions?

Volunteer Department, (312) 939-8622 or volunteer@epilepsychicago.org



Volunteer Application

Date of Application _____

General Information

Full Name: _____

Address: _____

City: _____ ST _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

T-Shirt Size: Small Medium Large X-Large

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

Employment Information

Please check: Employed Retired Student Other

Current Work Place (if applies): _____

Job Title: _____

Company Address: _____

City: _____ State _____ Zip _____

Work Telephone _____ Work E-mail: _____

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

Does your place of business have any of the following? (Check all that apply)

<input type="checkbox"/> Employee Matching Gift Program
<input type="checkbox"/> Company Foundation
<input type="checkbox"/> Other Corporate Giving opportunities

Would your company be interested in any of the following? (Check all that apply)

<input type="checkbox"/> Sponsoring a program or event
<input type="checkbox"/> Creating a Walk Team
<input type="checkbox"/> Utilizing employees as volunteers

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

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

Special Skills (Please attach resume, if available)

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

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Entertainment/Musician	<input type="checkbox"/> Medical Expertise
<input type="checkbox"/> Administrative	<input type="checkbox"/> Event Coordination	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Advertising/PR	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Photography
<input type="checkbox"/> Computer/Database Programming	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Web Development

Volunteer Opportunities

Please check the volunteer opportunities you are interested in helping with:
(Volunteer descriptions attached)

<input type="checkbox"/> Camp Blackhawk	<input type="checkbox"/> Outreach Clinics
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Shining Stars
<input type="checkbox"/> E.L.F.	<input type="checkbox"/> Special Events (Walk, Golf Outing)
<input type="checkbox"/> FHF Mentoring Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Office Support	

*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? _____

*If you have other volunteer experience please list the following:

Organization	Type of Assignments	Dates

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

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Background Information

Please note: Depending on the program you will be working on, an additional background check may be required.

Have you ever been charged with or convicted of the following:

Felony? Yes No

Any crime involving a sex offense, an assault or the use of a weapon? Yes No

Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? Yes No

If you answered Yes to any of the above, please explain: _____

Do you have a current driver's license? Yes No

Do you have auto insurance? Yes No

Do you have access to a vehicle? Yes No

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

Personal References (Other than relatives)

Name	Relationship	Phone Number

Emergency Contact

In case of an emergency, please contact:

Name	Relationship	Phone Number

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the Epilepsy Foundation of Greater Chicago, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem 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 for the Epilepsy Foundation of Greater Chicago.

I hereby grant the Epilepsy Foundation of Greater Chicago, its agents, and employees irrevocable right and permission to use any photographs, negatives, 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 Greater Chicago
Attn: Volunteer Department
17 N. State Street, Suite 1300, Chicago, IL 60602
Fax: 312-939-0391
E-mail: volunteer@epilepsychicago.org

Please call our Volunteer Team at 312-939-8622 with any questions.