



Volunteer Profile Application Form

Not another moment lost to seizures

Note: 1) Please attach a copy of your resume, 2) Please attach an additional answer sheet if needed, 3) Please return all forms to one of the offices noted below

Full Name _____ Date _____

Date of Birth ____/____/____ Occupation _____

Home Address _____

Work Address _____

Work Phone _____ Cell _____

Home Phone _____ Email _____

List other past or present volunteer activities _____

What training or life experiences, or special skills will you bring to EFNW? _____

Please tell us what attracts you to volunteer with EFNW? _____

What you would like to learn as an EFNW volunteer? _____

Education Level (circle): High School College Masters Doctorate

Highest level school/college name _____

City, State _____ Year _____ Degree? _____

I am: Employed Unemployed Self-employed Retired

Employers Name _____ Occupation _____

Additional References (Name/Phone) 1) _____

2) _____ 3) _____

My employer offers a time-off for volunteering My employer offers a donation matching program

SEATTLE OFFICE
2311 N. 45th ST., #134
SEATTLE, WA 98103
(206) 547-4551
(800) 752-3509

PORTLAND OFFICE
5251 NE GLISAN, #A-203
PORTLAND, OR 97213
(503) 228-7651
(888) 828-7651

SPOKANE OFFICE
PO BOX 20057
SPOKANE, WA 99204
(509) 325-1128
(800) 752-3509



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The following optional information helps EFNW plan services and apply for grants:

Your ethnic origin _____

Is your family income (circle one) high medium low very low (public assistance)

When can you volunteer? _____Weekdays _____Weekends _____Flexible
_____Mornings _____Afternoons _____Evenings

Please tell us any restrictions or special needs affecting your availability to volunteer _____

How would you like to help? Please select those volunteer roles that interest you:

- _____Governance Board member _____Health Professional Advisory Board
- _____Educational Volunteer _____Camp Counselor _____Camp Helper
- _____Community Outreach _____Mentor to others _____Office Support
- _____Marketing _____Speakers Bureau _____Special Events
- _____Information Technology _____Accounting _____Transportation of others

I certify that all information submitted in this volunteer application, or in my resume, interview, or other information is true and complete and that I have not knowingly withheld any information that would affect my application to volunteer at the Epilepsy Foundation Northwest. I understand that my references will be checked and if I am working with children a background check will be conducted.

Have you been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated or dismissed)? ___No ___ Yes – explain _____

Volunteers must have no convictions for crimes of a sexual nature, for crimes against a child or for crimes of violence. If accepted as a volunteer, I understand and agree that I will be evaluated for job performance and may be terminated for poor performance or inappropriate behavior according to EFNW procedures.

Signature _____

Date _____

(Note: All information is confidential, however may be shared with Board members or staff for business purposes.)

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