

Volunteer Application

Thank you for your interest in volunteering with the Epilepsy Foundation of Connecticut! 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?

Board Member

The Board of Directors is the Epilepsy Foundation of Connecticut's policy making body responsible for the overall operations of the organization, including policy administration, public and community relations, finance personnel and program planning, fundraising and evaluation. Individuals are needed with expertise in a variety of areas, including legal affairs, strategic planning, social services and public and community relations. Potential members should also be able to exercise influence in the business and financial community, the media and/or the government. Board meetings are held four times a year.

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 EFCT information, inform event attendees about the Foundation and answer any questions.

Friend to Friend Network(FTFN) and Parent & Family Telephone Network (PFTN) – The PFTN and FTFN programs facilitate 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.

Community Educator - The Community Educator is a trained volunteer who has extensive epilepsy knowledge and a history of public speaking. You would be asked to present epilepsy information to a variety of audiences while sharing your personal story about epilepsy.

Support Group Leader - Volunteer support group leaders lead monthly mutual support groups. Each leader is trained by EFCT and works with EFCT to successfully manage the support group. A minimum of 1 year commitment is required.

Special Events – Volunteers assist with the Foundation's annual Golf Tournament, Gala, Mud Volleyball Tournament, Epilepsy Awareness Month and Epilepsy Walk. Duties may include: registering participants, securing sponsors, assisting with set-up/breakdown, and helping with event logistics.

Social Events – Help organize and supervise social outings for children (5-12), Teens (13-17) and Young Adults (18-20).



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.epilepsyct.com.
2. After completing the form, please mail or fax to our office at:

Epilepsy Foundation of Connecticut
386 Main Street
Middletown, CT 06457
Fax: (860) 346-1924
Attn: Allison Gamber

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

Who do I contact with questions?

Allison Gamber at 800-899-3745 or allison@epilepsyct.com

Volunteer Application

Date of Application _____

Volunteer Opportunities

Please place a **check** in the box next to the volunteer opportunity(ies) you are interested in helping with:

- Board Member - Complete Section **A** and **D**
- Community Outreach - Complete Section **A** only
- Community Educator - Complete Section **A** and **B**
- Special Events (Mud Volleyball, Golf Tournament, Walk, Gala) - Complete Section **A** only
- PFTN or FTFN - Complete Section **A**
- Support Group Leader - Complete Section **A** and **C**
- Social Event - Complete Section **A** only

Section A

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)

How did you hear about our Volunteer Program? _____

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? _____

Section A (cont)

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. Such as the Gala or Golf Tournament
<input type="checkbox"/> Creating a Walk Team
<input type="checkbox"/> Utilizing employees as volunteers

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

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? (circle all that apply)

Accounting/Finance	Fundraising	Medical Expertise
Administrative	Grant Writing	Mentoring
Advertising/PR	Graphic Design	Photography
Data Entry	Insurance	Public Speaking
Entertainment/Musician	IT	Web Development
Event Coordination	Law	

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? _____

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)

Morning	MON	TUES	WED	THURS	FRI	SAT	SUN
Afternoon							
Evening							

Section A (cont)

Personal References (Other than relatives)

Name	Relationship	Phone Number/Email

Emergency Contact

In case of an emergency, please contact:

Name	Relationship	Phone Number/Email

SECTION B - COMMUNITY EDUCATOR

What is your experience with public speaking?

SECTION C - SUPPORT GROUP LEADER

Why would you like to facilitate a support group?

Please identify several strengths, and any challenges, that you would possess as a facilitator.

SECTION D - BOARD MEMBER

Why do you want to serve on our board?

Do you currently serve on any other boards or are you a member of any civic and or professional organizations?

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 Connecticut, 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 Connecticut.

I hereby grant the Epilepsy Foundation of Connecticut, 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 Connecticut

Attn: Allison Gamber

386 Main St. Middletown, CT 06457

Fax: 860-346-1928

E-mail: allison@epilepsycyct.com

Please call Allison Gamber at 800-899-3745 with any questions.