Epilepsy Foundation of Greater Southern Illinois

VOLUNTEER INFORMATION

Name: _____

Address: _____

_____

Phone Number: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone Number: _____

Please ***circle*** your areas of interest in volunteering for the Epilepsy Foundation of Greater Southern Illinois:

Camp Roehr
Computer Training
Office Filing
Spring/Fall Cleanup of Group Homes
Fundraising Events
Lawn/Yard Work for Group Homes
Addressing/Mailing of Brochures
Any Occasion as Needed

I understand that the Epilepsy Foundation of Greater Southern Illinois is not liable for any incident and/or injury which may occur while volunteering for the Foundation. I also understand that the Foundation is required to complete background checks for volunteers.

Signature: _____ Date: _____

Witness: _____ Date: _____

Reviewed/Revised 1/8/13, 2/19/14 by Trudy Baxter, Dir. Of Programs
Reviewed/Revised 11/05/15 by Trudy L. Baxter, Executive Director