

Volunteer Application

*NOTE: EPIC does not sell or distribute volunteers' personal information.

Minimum age to volunteer is 13. Ages 13 through 15 must be accompanied by an adult when volunteering.

Title: _____ First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: _(____)_____ Preferred Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _(____)_____

Are you currently a student? Y N If yes, what year and school? _____

Reason(s) for your interest in EPIC:

Family member/friend with an intellectual disability

Desire to serve my community

Other: _____

What days/hours are you available to volunteer?

In order for us to make the best use of your time and talents, please tell us the level of experience and expertise you have in each of the following areas:

	Professional	Skilled Non-Professional	Little to No Experience
Computer Skills			
General Office Experience			
Entertainment (e.g. music, art)			
Maintenance (e.g., use of power tools, painting)			
Marketing/Public Relations			
Development/Fundraising			
Gardening/Landscaping Skills			
Special Education/Curriculum			

Please describe any other skills you would like to share:

Please describe any personal, professional or community service experience you have with individuals with an intellectual disability:

Please indicate what area(s) you are interested in volunteering:

- Educational Services Development/Marketing
 Community Living Services General Office Volunteer
 Arts & Crafts Harvest Garden
 Employment Services

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

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain (NOTE: this does not automatically disqualify you from volunteering):

**Individual volunteer positions require a criminal background check.*

Do you have any special needs you would like to make us aware of (e.g., cannot lift heavy objects, indoors only, etc.)?

Applicant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Please return completed form to: EP!C, Attn: Carmen McCarthy, 1913 W. Townline Rd., Peoria, IL 61615
or email application to: cmccarthy@epicci.org

Thank you for your interest in EP!C!