

**EPILEPSY SOCIETY OF SOUTHERN NEW YORK, INC.
VOLUNTEER APPLICATION**

We consider applicants for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or any other legally protected status

(PLEASE PRINT)

Position Applied for

Date

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number (s)
Number

Social Security

Please describe your relationship with ESSNY to date:

On what dates will you be able to volunteer?

Describe any specialized training, previous volunteer experience, skills, extra-curricular activities, and certifications: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this volunteer application as may be necessary at arriving at an appropriate decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the Volunteer may choose to discontinue services at any time and the Epilepsy Society of Southern New York, Inc. (ESSNY) may choose to have these services discontinued at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written authorized executive of this organization.

In the event of acceptance, I understand that false or misleading information given in my application or interview (s) may result in my services no longer being accepted. I understand, also, that I am required to abide by all rules and regulations of ESSNY.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes _____ No _____

Remarks _____

Service Accepted Yes _____ No _____
Volunteer Position

By _____
Name & Title

Date