

EPILEPSY NIAGARA

5017 Victoria Ave.,
Niagara Falls, ON L2E 4C9
T: 905-353-1096 F: 905-353-0758
E: info@epilepsyniagara.org

VOLUNTEER APPLICATION FORM

Closest to the Pin Event – July 19-20, 2008

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: () _____ BUS: () _____

E-MAIL: _____

If you are a secondary student, do you require community service hours? Yes No

PREFERRED COURSE TO VOLUNTEER:

- | | | |
|---|--|--|
| <input type="checkbox"/> Eagle Valley, NF | <input type="checkbox"/> Oak Hall, NF | <input type="checkbox"/> Legends- Chippawa, NF |
| <input type="checkbox"/> Fox Run, Thorold | <input type="checkbox"/> ICC, Stevensville | <input type="checkbox"/> Long Beach, Wainfleet |
| <input type="checkbox"/> Port Colborne CC | <input type="checkbox"/> The Greens At Brock | <input type="checkbox"/> Garden City, SC |

TIMES AVAILABLE:

- 8 am -3 pm Sat. 8 am – 3pm Sun. Other - _____

Please check all that are applicable.

Would you be willing to volunteer with other events?

- Yes No

REFERENCES:

Please note references must be present/former employers or volunteer positions. References may be contacted after a successful interview.

NAME:	RELATIONSHIP TO YOU	TELEPHONE #
_____	_____	_____
_____	_____	_____

Signature of Applicant: _____ Date: _____

CONFIDENTIALITY AGREEMENT

While serving as an Epilepsy Niagara Volunteer you will periodically be given access to confidential information regarding the lives of Epilepsy Niagara clients and their families. This may include details about an individual's medical history or other information of personal nature. Client files and other confidential materials may not be removed from this office. As an Epilepsy Niagara volunteer you will be required to read and comply with the rules regarding the handling of this information. Any volunteer found to be in violation of these rules will be terminated immediately.

DATE: _____ VOLUNTEER SIGNATURE: _____

***If you require assistance with filling out this form please do not hesitate to contact Stacey Duncan, Executive Director

FOR OFFICE USE ONLY

Database
 Newsletter list
 Volunteer Orientation
 Ref. Check
 Police Check
 Position _____