

## VOLUNTEER REGISTRATION FORM

### VOLUNTEER CONTACT INFORMATION:

**Name:** \_\_\_\_\_

Male       Female       Non-binary       prefer not to answer

Other: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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### VOLUNTEERING WITH US:

In which areas are you interested in volunteering?

- Board Member
- Assisting with updating and maintaining our website
- Assisting with providing educational workshop/information displays
- Assisting with the Grade 5 Thinking About Epilepsy Program
- Assisting with organizing our special events (i.e Purple Day for Epilepsy in March, Fire Truck Pull in July)
- Office Assistant (mail-outs, organization, filing, ordering office supplies etc.)
- BINGO (attending one or more bingo sessions a month) training provided
- Peer Supporter



- Regularly: Once a week or more
- Occasionally: As needed
- Once a month
- Projects: one to three months
- Special events
- Other

**Availabilities:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**EMERGENCY CONTACT INFORMATION:**

This following information will be kept on file and the individual listed below will only be contacted in case of emergency while you are volunteering with Epilepsy South Eastern Ontario:

**Name of Emergency Contact:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Do you have any medical concerns we should know about (e.i. Allergies)**

**TELL US ABOUT YOURSELF:**

**What skills and/or talents can you bring to Epilepsy South Eastern Ontario?**



**What skills or experience would you like to gain while volunteering with us?**

**What are your interests or hobbies?**

**Where have you volunteered in the past?**



**REFERENCES:**

We request that all volunteers provide us with two personal or professional references that we may contact. We will only contact these references in regard to your volunteer registration with us.

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Company/Title:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Company/Title:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

**Thank you for your interest in volunteering with us!**



A United Way Member Agency