



VOLUNTEER APPLICATION FORM

Volunteering is an exchange of skills, friendship and empowerment. Your ability to donate a few hours a month directly impacts the quality of life of those touched by epilepsy. Joining our network of dedicated volunteers upholds the self-esteem and commitment of those with whom you volunteer.

Epilepsy Durham Region is committed to protecting the privacy of personal information in our possession or under our control. This information will be stored in a locked office. Epilepsy Durham Region values the trust of our donors, volunteers, clients, participants and staff. We recognized that maintaining this trust requires accountability and transparency in handling personal information. Please take a few minutes to complete the form below.

Name: _____

Address: _____ Apt./Unit #: _____

City: _____ Postal Code: _____

Telephone Numbers

Home: _____ Work: _____ Ext: _____ Mobile: _____

Email: _____

Preferred Method of Contact:

Email Home Telephone Work Telephone Mobile

Volunteering with Epilepsy Durham Region

I am interested in helping Epilepsy Durham Region with:

I want to volunteer with Epilepsy Durham Region because:

I am willing to share these skills and abilities: _____

I am available to volunteer on:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

At (specify time of day): _____



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Volunteer Experience:

I have volunteered before with Epilepsy Durham Region Yes No

Date(s): _____

Positions that involve working with children or handling money may require a police reference check

Are you willing to provide a current police check if necessary? Yes No

I have volunteered before with other organizations. Yes No

For detailed information about my background, I have attached my resume. Yes No

Any other comments: _____

References:

These people (not family or close friends) are familiar with my abilities as a worker or volunteer:

Name: _____ Relationship: _____

Phone Number Day: _____ Evening: _____

Name: _____ Relationship: _____

Phone Number Day: _____ Evening: _____

Signature Print Name Date

By signing and submitting this Volunteer Application Form, I acknowledge this information is true and accurate. I authorize Epilepsy Durham Region to obtain references from the individuals listed above.

I give permission to Epilepsy Durham Region to photograph and/or record me on still photographs, motion picture film, audio tape and/or video tape and to use this material, in whole or in part, at any point in time in the future, through the media of television, film, internet, multi-media presentation, radio, audiotape, videotape or in printed form or display from Epilepsy Durham Region. I assign and transfer to Epilepsy Durham Region any and all rights, including copyright, which I may have in this material.

Epilepsy Durham Region thanks you for your interest. For more information on how you can support us visit www.epilepsydurham.com. Please return this form to Epilepsy Durham Region.