

Date: _____

VOLUNTEER PROFILE

EPILEPSY NIAGARA

5017 Victoria Ave., Niagara Falls, ON L2E 4C9

T: 905-353-1096 F: 866-293-6300 E: info@epilepsyniagara.org

Name: _____ Birth date (Optional): _____

Email: _____

Address: _____

Home Phone:(____) _____ Business:(____) _____

How did you hear about Epilepsy Niagara: _____

How would you like to help?

Please place a check mark beside those you are interested in.

- Office Assistant Presentations/Programs Newsletter
 Special Events Peer to Peer Support Board/Committee Work
 Marketing/Media Other: _____

What times are best for you?

Flexible

day	mon	tue	wed	thu	fri	sat	sun
daytime							
evening							

What is your goal? How can we help you reach it?

Student Placement Service Hours Short Term Long Term

Amount of time you have available to help _____

Are you an Epilepsy Niagara Client or Member

Do you have available Transportation:

Own car Receive rides Public Transportation

Emergency Contact Information

Will be kept on file and will only be contacted in case of emergency while with Epilepsy Niagara

Name Relationship to You Telephone #

A Little bit about yourself:

Skills & Talents you can bring to Epilepsy Niagara _____

Date: _____

Where have you volunteered in the past? _____

Skills/Experience that you hope to gain while with us _____

Other Information you would like to share

Are there any health/physical related matters that may be of importance? Y N

If yes, please specify _____

We may require a Criminal Reference Check is that a concern for you? Y N

If yes, please explain _____

References

2 people you have worked or volunteered with in the past

NAME:	Relationship to You	Telephone #
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_____	_____	_____
_____	_____	_____

Signature of Applicant: _____ Date: _____

CONFIDENTIALITY AGREEMENT

All Employees and volunteers shall keep confidential and shall not, during the continuance of their employment or volunteer time or any time after the termination there of, without the express written consent of the Epilepsy Niagara, disclose to any person or organization any donor, financial, business or client information of Epilepsy Niagara, which an employee or volunteer may have acquired during the course of employment/volunteer time. 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 following rule regarding the handling of this information. Any volunteer found to be in a violation of these rules would be terminated immediately.

DATE _____ VOLUNTEER SIGNATURE _____

***If you require assistance with filling out this form please do not hesitate to contact Melissa Penner

OFFICE USE:

Interview Basic Funder Database Reference Check

Follow-up Date: _____ Additional Information: _____