



# Volunteer Application

*Applicants should reply accurately to all relevant questions. Any information provided in this form will be used to establish a recruitment file for volunteer opportunities. Should a volunteer opportunity be extended, this application will be used as a basis for the volunteer's file. All files are confidential. Only duly authorized persons who need to consult this information in the course of the recruitment and/or volunteer process may gain access to it. While this file is in the possession of the organization, the applicant may obtain access to it. Information provided in these files may be changed, by providing a written request to the Executive Director.*

Volunteer Opportunity applied for:		Date Available:	
Type of Volunteer opportunities you are seeking: <input type="checkbox"/> Board <input type="checkbox"/> Administration <input type="checkbox"/> Events <input type="checkbox"/> Public Speaking <input type="checkbox"/> Fundraising <input type="checkbox"/> Research			
When are you are available to volunteer? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other			
If you have selected Other: Please explain.			
PERSONAL DATA			
<i>Please print</i>			
Last Name:		Given Name:	
Address:		Telephone Number:	
		Cell phone Number:	
		Email Address:	
EDUCATION & OCCUPATIONAL SKILLS			
<i>Proof of educational qualifications may be required</i>			
Circle last year completed	Specialization	Degree/Diploma Received	
High School 8 9 10 11 12 13	_____	_____	
College 1 2 3 4	_____	_____	
University 1 2 3 4 5	_____	_____	
Continuing Education	_____	_____	
<b>Additional Skills</b> (which are applicable to the position for which you are applying):			
<b>List any relevant work experience</b> (please include a copy of your most current resume):			
List any current Licenses, Certifications, and/or Professional Designations (ie First Aid/CPR, Behaviour Management Certificate) that may be applicable.		<b>Computer Skills</b> (please advise what software you are experienced in and what level of proficiency as entry / intermediate /advanced)	

Please send completed application and resume via email or fax to:  
 3100 Steeles Avenue East, Suite 803  
 Markham, ON L3R 8T3  
[www.epilepsyontario.org](http://www.epilepsyontario.org)  
 E: [info@epilepsyontario.org](mailto:info@epilepsyontario.org)

Charity Registration #:118900844 RR001  
 T: 905-474-9696 TF: 1-800-463-1119  
 F: 905-474-3663

## GENERAL INFORMATION

Have you been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

Do you have any restrictions that may prohibit you from working with the infirm/aged/or children?  Yes  No  
If yes, please explain.

Do you have access to a car?  Yes  No

Have you worked/volunteered for Epilepsy Ontario before?  Yes  No

If so, please complete the following

Position Held	Location/Department	From	To	Reason for Leaving

## REFERENCE CONTACTS

*Please provide three references that may be contacted by Epilepsy Ontario to verify your past volunteer/work experience.*

Contact Name	Address	How is reference connected to you?	Phone #	Email

## ADDITIONAL INFORMATION

*Give any additional information pertinent to this application, such as volunteer experience, interests, qualifications etc.*

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

### READ CAREFULLY: Applicant's certification and agreement

I hereby certify that the facts set forth in this application for volunteer opportunities and any enclosed documents are true and complete to the best of my knowledge. I understand that any erroneous, misrepresented or omission of facts provided could result in the rejection of my application for volunteer opportunities or just cause for termination of volunteer privileges. I agree that persons authorized by Epilepsy Ontario may contact the references in order to obtain information for the purposes of the recruitment process. I understand that, if selected for a volunteer opportunity that I may be required to pass a police check( if volunteer work involves interaction with persons from the vulnerable sector) to be eligible for such volunteer opportunities.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_