

Volunteer Application

Please submit the completed application to jennifer@epilepsyswo.ca

Application Date: _____ (date/month/year)

Volunteer's Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell or Business Number: _____

Date of Birth: _____ Email: _____

Languages (spoken): _____ Languages (written): _____

Have you completed First Aid Certification?

- Yes, Expiry Date: ____/____/____
No

Do you have a current police check?

- Yes, Date: _____ City: _____
 No

In accordance with ESWO's COVID-19 vaccination policy, I confirm that I am fully vaccinated with at least two doses of Health Canada approved COVID vaccines.

- Initial to confirm _____

Emergency Contact Person (Required)

Name: _____

Relationship: _____

Phone Number: _____

How are you connected with Epilepsy Southwestern Ontario (ESWO)?

- I am living with epilepsy
- I have a family member with epilepsy
- I have a friend or coworker who lives with epilepsy
- Professional development interest
- I am a medical staff
- Other: _____

**Please indicate which volunteer roles you are interested in being considered for
(Please enclose your resume):**

- Administrative Support:** On-site clerical support during business hours at 797 York St. Unit 3. London, ON.
- Special Events:** Event-based volunteer positions. Our major events include: March Epilepsy Awareness Month, Annual Spring Gala and Seize the Day Run. Additionally, volunteers needed for awareness booths and support groups as conveners/facilitators. You may also have the opportunity to volunteer for smaller ESWO events.
- Camp Programs:** Winter Camp- A Saturday morning program, at various times throughout the school year and Summer Camp-held in July and August. This role involves one-on-one or small group support to a child with epilepsy as a camp counselor. A valid police check is required.
- Other:** _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How did you become interested in ESWO?

- | | |
|--|---|
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Newspaper/TV/Radio |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> ESWO website |
| <input type="checkbox"/> Social Media (please specify) _____ | <input type="checkbox"/> Other _____ |

Tell Us About Yourself

What skills and/or talents can you bring to ESWO?

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

What are your interests and hobbies?

Where have you volunteered in the past?

Why do you want to volunteer at ESWO?

Please note: Upon receipt of volunteer applications, a staff member will book an interview to discuss further details regarding current volunteer roles at ESWO.

Thank you for your interest in volunteering at Epilepsy Southwestern Ontario.

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 regards to your volunteer registration with us. Please ensure that none of your references are family members, if possible.

Name: _____

Phone: _____

Email: _____

Company/Title: _____

Relationship to you: _____

Name: _____

Phone: _____

Email: _____

Company/Title: _____

Relationship to you: _____

Please provide your initial underneath to give consent for Epilepsy Southwestern Ontario to contact the above references provided.

Volunteer Information Form

Is there anything that you feel we need to know about to help keep you safe and support you while you're volunteering at ESWO?

Volunteer Signature: _____

Staff Signature: _____

Date: _____

Confidentiality Agreement

All persons, staff and volunteers, who receive, through any means, information regarding a client or member as a result of their work with Epilepsy Southwestern Ontario are expected to maintain strict confidentiality concerning the business and affairs of Epilepsy Southwestern Ontario and its clients.

NO INFORMATION SHOULD BE DIVULGED UNLESS EXPRESSED AUTHORIZATION HAS BEEN RECEIVED FROM THE CLIENT AND THE CEO OF EPILEPSY SOUTHWESTERN ONTARIO.

Special care should be exercised even if the client's name is not revealed because it is often possible to identify a client by the unique facts of his or her case.

The duty of confidentiality exists, regardless of whether the relationship has been terminated. All persons in possession of confidential information should avoid indiscreet conversation even with one's spouse or family. Furthermore, any gossip about such matters should be avoided at all times.

By signing below, I _____ indicate that I have read the above statements and agree to comply with same.

Dated in _____, this _____ day of _____, 202____.

Signature _____

Witness _____

Photo Release

At times, staff may be taking pictures, for use by Epilepsy Southwestern Ontario and its funders in advertisements, printouts and other publications.

If you give ESWO and its funding partners' permission to use your pictures in their publications, please sign below.

I, _____ give Epilepsy Southwestern Ontario and its funders permission to use my photographs in any publications they may create.

Date: _____

Signature: _____

Volunteer Contract

Upon committing to the roles and responsibilities of a volunteer for Epilepsy Southwestern Ontario, I agree to:

- Report to my supervisors if I see a seizure.
- Ensure that members are always safe to the best of my ability.
- Respect the integrity of each member, volunteer and staff.
- Be accountable; I will let my supervisors know ASAP if I cannot attend a volunteer opportunity that I have previously committed to attend.
- NOT use any offensive language. Example: profanities, sexual innuendoes, references to drinking, drugs or sex.
- Leave my cell phone, iPod, tablet, or mp3 player either at home, in my bag or turned off/on vibrate during volunteer hours.
- Dress appropriately (no “short shorts,” no low cut shirts, no underwear showing).

I have read the above statements and understand that if I neglect to fulfill my duties and responsibilities as stated, my supervisors - Epilepsy Southwestern Ontario staff - may ask me to relinquish my role as a volunteer.

Volunteer Name

Signature

Date

Staff Name

Signature

Date