

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: _____

Have you completed First Aid Certification?

Yes, Expiry Date: _____

No

Do you have a current police check?

Yes, Date: _____ City: _____

No

Do you have your Smart Serve certification?

Yes, Expiry Date: _____

No

Emergency Contact Person (Required)

Name: _____ Phone Number: _____

Relationship: _____

Please indicate which volunteer roles you are interested in being considered for

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 are needed for awareness booths and support groups as conveners/facilitators. You may also volunteer for smaller Epilepsy SWO events.

Other: _____

How did you become interested in Epilepsy Southwestern Ontario (ESWO)?

I am living with epilepsy

I have a family member with epilepsy

I have a friend / co-worker who lives with epilepsy

Professional development interest

I am a medical profesional

I discovered you on social media, specify:

I am interested in completing my highschool volunteer hours. Specify how you heard about us: _____

Other: _____

Tell Us About Yourself

What skills and/or talents can you contribute to Epilepsy Southwestern Ontario as a volunteer?

What skills or experiences are you hoping to gain while volunteering with us?

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

Confidentiality Agreement

All persons, staff and volunteers, who receive, through any means, information regarding a client or member because 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 EXECUTIVE DIRECTOR 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 their 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.

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 _____

** By typing my name above, I understand and agree that this form of electronic signature has the same effect as a manual signature.*

Witness _____

** By typing my name above, I understand and agree that this form of electronic signature has the same effect as a manual signature.*

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: _____

** By typing my name above, I understand and agree that this form of electronic signature has the same effect as a manual 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.
- I will NOT use any offensive language. Example: profanities, sexual innuendoes, references to drinking, drugs or sex.
- Dress appropriately for the volunteer role
- Be inclusive and respectful of all people.

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 _____ Date _____

Signature _____

** By typing my name above, I understand and agree that this form of electronic signature has the same effect as a manual signature.*

Staff Name _____ Date _____

Signature _____

** By typing my name above, I understand and agree that this form of electronic signature has the same effect as a manual signature.*