



Volunteer Registration – GIFT WRAP

2155 Dunwin Drive - Unit 5 Mississauga, Ontario L5L 4M1
 Tel: 905-450-1900 ext 203

Email: volunteer@epilepsysco.org

2018

Contact Information

LAST Name	
FIRST Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Age Range

under 16	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	over 75
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Information *(if applicable)*

School Name:	
Address / City:	
Phone Number:	
GRADE:	

Person to Notify in Case of Emergency

LAST Name	
FIRST Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Relationship to Volunteer	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Social Media Release and Authorization – Contact Consent

I authorize Epilepsy South Central Ontario to publish my pictures on or in:

ESCO Annual Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESCO Twitter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ESCO Web	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESCO Instagram	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ESCO Promo Videos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESCO Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ESCO Linkd-In	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESCO You-Tube	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I give consent to Epilepsy South Central Ontario to contact me regarding future volunteer opportunities:

Volunteer Database	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constant Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Application Agreement

I hereby authorize Epilepsy South Central Ontario (ESCO) to contact the above named emergency contact if needed. I further authorize the Community Development Department to maintain this information in their records and absolve them from all and any liability.

Disclaimer: It is the policy of ESCO to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

By submitting this registration form, I affirm that the facts set forth in it are true and complete.

I further agree to, understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for Epilepsy South Central Ontario Gift Wrap and any future volunteer assignments.

Volunteer Dismissal

Volunteers who fail to adhere to the policies and procedures of ESCO Gift Wrap may face disciplinary action such as suspension, including dismissal. Grounds for dismissal include but are not limited to breach of the volunteer gift wrap agreement with regards to attendance, punctuality, promoting a negative or disruptive attitude.

Acknowledgement and Signature

I, _____, a volunteer with Epilepsy South Central Ontario have read and understood the following:

1. Policy
2. Social Media Release and Authorization – Contact Consent
3. Application Agreement
4. Volunteer Dismissal

Volunteer Signature	
Date	
Manager Name	David Charchalis
Manager Signature	<i>David Charchalis</i>
Date	December, 2018