

Ambassador and Peer-to-Peer Network Volunteer Application Form

Epilepsy Durham Region is committed to protecting the privacy of personal information in our possession. Our policies regulate the way we collect, use, keep, secure and disclose personal information. The personal information collected on this form will be used by the volunteer resources team to identify an appropriate Peer-to-Peer and Ambassador placement. This information will be stored in a locked office and if you become a volunteer it will be entered into our secure electronic database to track your volunteer activities. Epilepsy Durham Region values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information. Please take a few minutes to complete the form below and mail to our office.

Mr. Mrs. Ms. Miss. Other: _____ Name: _____

Address: _____ Apt. or Unit # _____

City: _____ Postal Code: _____

Telephone Numbers

Work: _____ Ext. _____ Home: _____

Email: _____ Cellphone #: _____

Preferred method of contact: Email Cellphone Work telephone Home telephone

How did you hear about Epilepsy Durham Region?

EDR's Website local library local newspaper local SNAP newspaper my physician's office

Other (please specify): _____

I am interested in Peer-to-Peer network Epilepsy Ambassador

A bit about Yourself

Student: Yes No School/Educational Institute: _____

Age: 0 - 14 yrs 15 - 24 yrs 25 - 34 yrs 35 - 44 yrs 45 - 64 yrs 65 + yrs

Occupation: _____ Do you like to speak in public? Yes No

Interests / Hobbies

Your Epilepsy Experience

How long have you had epilepsy? : _____

What type of seizures do you experience? _____

Have you had surgery? Yes No

If yes, when did you have surgery? _____ Do you feel it was successful? _____

What are some of the challenges / successes you have experienced with epilepsy and how have you managed them.

Volunteer Experience:

I have volunteered before with Epilepsy Durham Region Yes No

Date(s): _____

Positions that involve working with children or handling money may require a police reference check.

Are you willing to have a police check completed if necessary? Yes No

I have volunteered with other organizations. Yes No
If yes, please specify organization and dates

Organization(s): (1) _____ (2) _____

(3) _____ (4) _____

For detailed information about my background, I have attached my resume. Yes No

Any other comments:

References:

These people (not family or close friends) are familiar with my abilities as a worker or as a volunteer:

Name: _____ Relationship: _____

Phone Number Day: _____ Evening: _____

Name: _____ Relationship: _____

Phone Number Day: _____ Evening: _____

I am under age 19. My Parent or Guardian gives permission for me to be an epilepsy ambassador or be part of a Peer-to-Peer network

Signature Print Name Date

By signing and submitting this Epilepsy Ambassador/Peer-to-Peer Volunteer Application Form, I acknowledge this information is true and accurate. I authorize Epilepsy Durham Region to obtain references from the individuals listed above.

Epilepsy Durham Region thanks you for your interest. For more information on how you can support us visit www.epilepsydurham.com. Please return this form to Epilepsy Durham Region.

Epilepsy Durham Region, 310 Byron Street South Unit 3, Whitby, ON L1N 4P8
Tel: 430-3090 Fax: 905-430-3080
www.epilepsydurham.com