

# EPILEPSY OTTAWA-CARLETON

## VOLUNTEER APPLICATION FORM

Volunteers are always **NEEDED** to assist our organization in the following activities.

Check the categories that interest you:

- Staffing malls and other public displays
- Assisting in fundraising events
- Serving as Committee Members
- Organizing self-help support groups
- Conducting presentations as part of Public Education programs

Date:mm/dd/yy:  /  /

Title: MR  MS  MRS

First Name:

Last Name:

Address1:

Address2: Apt /Unit

City:

Province:

Postal Code:

Email:

Home Phone Number:

Work Phone Number:

Signature: \_\_\_\_\_

Check here if you do not wish to receive any printed matter from our office:

**Please mail application to:**  
**Epilepsy Ottawa-Carleton, Suite 207, 211 Bronson Ave. Ottawa, ON K1R 6H5**

Tel: 594-9255 Fax: 594-4971

E-mail: [info@epilepsyottawa.ca](mailto:info@epilepsyottawa.ca) - [www.epilepsyottawa.ca](http://www.epilepsyottawa.ca)

Charitable/Business Registration Number: 14075 5869 RR -0001

The information you give is used to provide you with information pertaining to the services and functions of EOC.