



Seizure & Brain Injury Centre

Support and Information Centre for those affected by seizures and/or acquired brain injury
73 Ross Ave. East Timmins, Ontario P4N 8S8
705-264-2933

BOARD VOLUNTEER REGISTRATION FORM

All volunteer information is held in sincerest confidence and will be used only to match an individual to a suitable volunteer position.

PLEASE PRINT CLEARLY

Name: _____

Phone: _____ Work: _____ Cell: _____

Address: _____

City/Town: _____ Postal Code: _____

Email address: _____

Date of Birth (mm/dd/yy): _____

Languages: _____

Place of Employment: _____

Occupation: _____

Emergency Contact Name: _____

Phone #: _____ Relationship: _____

Have you ever been a client of the Seizure & Brain Injury Centre?

Yes _____ No _____ if yes, what year: _____

Professional and Employment Background (please provide as much information as possible about your previous professional and employment experience as relevant)

Community Involvement (please provide information about your involvement with our community)

Previous Board involvement (please advise us if you have ever been on a Board and if so, which/where)

Memberships in professional Organizations (please advise us if you hold memberships in the community)

If you are accepted as a member of the Seizure & Brain Injury Centre's Board of Directors, what do you expect from our organization?

If you are accepted as a member of the Seizure & Brain Injury Centre's Board of Directors, what can we expect from you?

Please tell us about your interest in the Seizure & Brain Injury Centre and how you think the clients we service could benefit from your involvement.

What are your talents, hobbies and leisure activities?

Please provide any additional information you wish to share with us.

References (please provide contact information for at least two people who could provide a reference for you)

The personal information requested on this application is being collected and used by the Seizure & Brain Injury Centre to evaluate the suitability of all potential candidates for nomination to the Board of Directors of the Seizure & Brain Injury Centre. Personal information about you may also be collected from the organizations or from the references you have provided and used to evaluate your suitability as a candidate, as well as to verify the truth and accuracy of the information you have provided, and for no other purposes. This information will not be disclosed except as required for the above noted purposes and for accountability to our Ministry funders and incorporation documents. Any questions about this collection, use or disclosure of personal information requested on this form should be directed to Rhonda Latendresse, Executive Director of the Seizure & Brain Injury Centre at 705-264-2933.

Signature

Date