



Epilepsy Mississauga Volunteer Information Form

3034 Palstan Road, Suite M4 • ph: 905.803.0526 • visit: www.epilepsymississauga.com

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Skills, Experiences and Interests:

Education: _____

Special Skills and Hobbies:

Previous/Current Volunteer Experience:

Availability *(please check all that apply)*

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

Mornings Afternoons Evenings All Day

Please check all areas that you may be interested in:

Kids on the block, puppet troupe

Tutoring

Social Events and Fundraising

Office work

Other:

Thank you so much for your interest in volunteering with us. We will contact you as soon as an opportunity that fits your interests comes up.