

Sponsor a Hamper Program Registration Form

Sponsor type:	☐ Individual/Family	☐ Company/Organization/Group		
Contact Person (fi	rst/last name):			
Company/Organiz	ation/Group Name:			
		ce: Postal Code:		
Daytime Phone: _		Evening Phone:		
Cell Phone:		E-Mail Address:		
Number of Hampers you wish to sponsor:				
Preferred Area of Ottawa: ☐ East ☐ Central ☐ West ☐ South ☐ No preference				
Wish to help famil	y of: □ 1 - 2 people □ 3	S – 5 People □ 6 + People □ Seniors □ No preference		
Comments:				
*Note: The Carina	and Sharina Eychanae mo	akes every effort to accommodate specific requests, but		
Note. The caring	and Sharing Exchange ma	and a court of the accommodate specific requests, but		
general needs will	be identified first.			

Thank you for making this Christmas a special one for Individuals & Families in need in our community!

Sponsor a Hamper Program Confidentiality Agreement

(Note: Each person that has access to client information should sign a copy)

I understand as a condition of my involvement as a HAMPER SPONSOR of the Christmas Exchange Program of the Caring and Sharing Exchange that I am expected to maintain this confidentiality during and after my involvement.

I agree that any information about clients secured by me, or available to me, in the pursuit of my duties with the Caring and Sharing Exchange is of a confidential nature and I hereby undertake to respect that confidentiality and to take all reasonable precautions to safeguard it.

(Signature)	(Printed Name)	(Date)

Please return Registration Form and Confidentiality Agreement to the Caring and Sharing Exchange

By Mail: The Caring and Sharing Exchange

P.O. Box 5167

Ottawa, ON K2C 3H4

By Fax: (613) 226-7522

By E-Mail (scan): hamper@caringandsharing.ca

Fill in on-line at: www.caringandsharing.ca