

## **Sponsor a Hamper Program Registration Form**

Sponsor Type:	sor Type: 🛛 🗆 Individual/Family		Company/Organization/Group	
	-			
Company/Organiz				
Address:				
City:	Pr	ovince:	Postal Code:	
Daytime Phone: _			Evening Phone:	
Cell Phone: _		E-Mail Address:		
Number of Hampe	ers you wish to spons	or:		
Preferred Area of	Ottawa: 🗆 East	Central	🗆 West	□ South □ No preference
Wish to help famil	y of: 🗆 1 - 2 people	🗆 3 – 5 People	🗆 6 + Peop	le 🗆 Seniors 🗆 No preference
Comments:				

\*Note: The Caring and Sharing Exchange makes every effort to accommodate, but cannot guarantee, specific requests.

## 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): <u>hamper@caringandsharing.ca</u>