

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>