

Community Event Form

Thank you for making organ and tissue donor registration part of your upcoming event. If you are interested in having representatives speak at your event and/or having materials delivered, please fill out this form and return it by using the 'Submit' button at the end of this form.

ALL PROVIDED MATERIALS ARE PURELY FOR INFORMATION PURPOSES ONLY AND CANNOT BE SOLD.

Has your organization or group created a BeADonor.ca registration drive?

Yes, Link: _____ No

Please [click here](#) to learn more about how your organization or group can create a registration drive. By starting a drive, you can help share why organ and tissue donor registration is important.

Do you require a speaker? Yes No Volunteer Support

If you are requesting a speaker please indicate how long you would like the representative to speak? (e.g. 10 minutes or more):

Generally, what would your group like to learn from the speaker?:

Is this a public or private event? Private Public

If public, we will add it to our calendar of events on our [website](#). Please provide any relevant information, such as a flyer, if applicable.

Contact Information

First Name _____ Last Name _____

Email _____

Telephone _____ Mobile _____



Community Event Form *continued*

Organization Name (if applicable) _____

Event Name _____

Event Date _____ Event Time _____ Number of expected attendees _____

Is this a regular/ annual event? Yes Frequency _____ No

Event or organization website:

Event Location (address including building name if applicable):

City _____ Province _____ Postal Code _____

Is parking available? Yes No, please include fee if not free? _____

Will the following be available at the event location? (Please indicate Yes or No):

Computer Yes No WIFI capability Yes No
PowerPoint Yes No Projector Yes No

Please provide a short description of your event:

Delivery address for support materials (If different from above):

_____ City _____

Province _____ Postal Code _____ Buzzer Number: _____

For residential deliveries, where can package be left if no one is at home? _____

Recipient name & phone number if different from applicant above: _____

Business name and specific department if delivery will be received at a workplace: _____

We will endeavour to provide your full materials request, however this cannot be guaranteed.

Download and email this form to Gracinda.Varghese@ontariohealth.ca

FOR INTERNAL USE

Volunteer Information: