



## Contestant Information

**Title:**

- Mr.
- Mrs.
- Miss
- Ms.
- Dr.

**Date of Birth** \_\_\_\_\_

Month

Day

Year

**Name:** \_\_\_\_\_

First

Initials

Last

**Address**

**Street Number:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Apartment Number:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_



## Designated Contact Information

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The **Designated Contact** person is **responsible for** all direct contact with March of Dimes Canada, including:

- **Written** communication
- **Verbal** communication
- **Electronic** communication

**Title:**

- Mr.
- Mrs.
- Miss
- Ms.
- Dr.

**Name:** \_\_\_\_\_

First

Last



**Relationship to contestant:** \_\_\_\_\_

**Address**

**Street Number:** \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Apartment Number:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

All communication via email will protect the contestant's personal information.



## Eligibility Criteria

To qualify for the contest

**the contestant must have**

**an ongoing disability** that

requires the use of assistive technology.

**Please indicate** that as the contestant

you also **meet** the following **criteria**:

I am in <b>financial need</b> . My after-tax household income does not exceed \$45,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am <b>of age</b> . I fall within the age of majority for the province I live in.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a <b>Canadian resident</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I am in agreement</b> that my photo and story may be used by March of Dimes Canada in the organization's material including: publications, newsletters, website and social media policies	<input type="checkbox"/> Yes <input type="checkbox"/> No

BC Contest Closes February 6, 2019





MARCH  
OF DIMES  
CANADA

LA MARCHÉ  
DES DIX SOUS  
DU CANADA

BC Assistive Mobile Technology Initiative

## March of Dimes Canada

### Release of Information

March of Dimes Canada is pleased to serve you. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you.

Our Quality Service policy is:

to ensure that anyone affiliated with March of Dimes Canada recognizes all internal and external contacts as customers and is committed to delivering Quality Service to each and every one of them

**BC Contest Closes February 6, 2019**



**In the future**, we may wish to **contact you** for one or more of the **reasons listed below**.

Please **check off** those that **you agree** with.

This will help us continue to offer you quality service and respect your privacy and personal wishes.

- To participate in surveys on services I receive from March of Dimes Canada.
- To advise me of new information or services that may be of interest to me.
- To provide me with a volunteer opportunity.
- To obtain my opinion on services or policies affecting people with disabilities.



## March of Dimes Canada Privacy Statement

March of Dimes Canada (MODC) is committed to protecting the integrity and privacy of personal information under our control.

Among other things,

MODC has adopted the

Ethical Fundraising & Financial Accountability Code developed by the Canadian Centre for Philanthropy.

MODC also has adopted practices and procedures, which give effect to

the ten privacy principles contained in

the federal Personal Information Protection and Electronic Documents Act (PIPEDA).

MODC staff and volunteers

have been trained on these practices

and procedures and they have signed

confidentiality agreements with MODC.





The personal information about you and your family member(s) is used for the purposes of:

1. Administering the Assistive Mobile Technology Initiative, including processing your contest package for funding assistance
2. Contacting you about the status of your contest package
3. Obtaining feedback about March of Dimes Canada services you receive
4. Providing information about March of Dimes Canada to you and others
5. Complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Assistive Mobile Technology Initiative.



The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future.

MODC has guidelines and procedures to govern the destruction of personal information.

Care is exercised in destruction of personal information to prevent unauthorized access.



## Client Authorization

I hereby **declare** that the **information** I have provided in this application is **accurate** and without omission, and I **authorize** March of Dimes Canada to obtain or release **personal information** to process my request and to **verify the information** that I have **declared** in this application.

I also **declare** that I have **read and agreed** to the **Privacy** and March of Dimes Canada **Release** of Information statements contained in this document.

**Name of Contestant:** \_\_\_\_\_

Please print

**Signature of Contestant:** \_\_\_\_\_

**Date:** \_\_\_\_\_



MARCH  
OF DIMES  
CANADA

LA MARCHÉ  
DES DIX SOUS  
DU CANADA

**BC Assistive Mobile Technology Initiative**

**Please submit this form  
and required documents  
by mail, fax, or email to:**

Assistive Mobile Technology Initiative

March of Dimes Canada

291 King St., 3rd Floor London, ON N6B 1R8

Fax: 519-432-4923

Email: [amti@marchofdimes.ca](mailto:amti@marchofdimes.ca)

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