



EXTERNAL CLINICAL INTERVENTION & OUTREACH GUIDELINES & REGISTRATION FORM

Hope 24/7* relies on the community's generous support. We sincerely appreciate your interest in our Agency, and that you wish to support the work we do in Peel Region. Together we can achieve a community without relationship or sexual violence.

Included in this package you will find our terms and conditions for providing external clinical interventions and outreach activities, as well as our registration/event agreement form. This form must be completed, signed and returned to us before you start advertising your event.

We would be happy to assist you with any questions you have, so please contact us at 905-792-0821 for assistance.

Thank you!

*Please note the Agency's legal name is Sexual Assault/Rape Crisis Centre of Peel.

TERMS & CONDITIONS

1. The Agency, generally, books external events twelve months in advance. These events are posted on the Agency's calendar on its website. Community partners shall complete and sign the registration/event agreement form before marketing their event. The individual signing from the partner agency must have signing authority to bind the organization.
2. All printed materials must be approved by the Hope 24/7 Chief Executive Officer prior to printing.
3. When using our logo we insist that you adhere to our colour guidelines and that no changes are made to our logo. Hope 24/7 has sole jurisdiction over the use of our logo and any promotional materials created using the name and/or logo.
4. Your agency agrees to pay the following fees if the event(s) is cancelled with less than 30 days notice:
 - a) Therapeutic Group - \$300
 - b) Workshop - \$150
 - c) Public Outreach/Other - \$100
5. If for any reason we feel that our reputation may be compromised, we reserve the right to cancel our agreement. We are not responsible for any financial or other damages that may result from such cancellation.
6. If applicable, all third party events require appropriate insurance coverage to be obtained by the organizers of the event.
7. Hope 24/7 is not responsible for any event expenses, or any financial loss or unsettled accounts as a result of this third party event.
8. All events must align with the Vision, Mission and Values of Hope 24/7. We will not support events or agencies that promote the use of weapons, violence or gender inequality.

Initials of Event Organizer(s)

REGISTRATION AND AGREEMENT FORM

General Information:

Name of Group/Organization:

Contact Person:

Address of Group/Organization OR Contact Person:

City:

Province:

Postal Code:

Phone:

Email:

Event Information:

Name of Event:

Date(s) of Event:

Time(s):

Event Location:

Brief Description of Event:

Expected Number of Attendees:

Will other charities/agencies be in attendance for this event?: Yes

No

If yes, please list:

Sponsorship:

Are you planning on soliciting sponsorship for this event: ___Yes ___No

If yes, please list individuals and/or companies that will be approached:

___I/we agree to pay the fees listed above should I cancel my event with less than 30 days notice.

I hereby acknowledge I have read and understand the Terms and Conditions of Hope 24/7 External Clinical Intervention and Outreach and will adhere to them, as outlined in this document. I hereby give permission to Hope 24/7 to post our event on their website.

Print Name

Witness Print Name

Signature

Signature

Date

Date

Please sign and return the completed form to:
Chief Executive Officer
Hope 24/7
2250 Bovaird Drive East, Unit 610
Brampton ON L6R0W3

Or fax to the attention of the CEO: (905) 792-1567

Or email: **Laura.Zilney@Hope247.ca**