



**Volunteer Services**  
**Parent/Guardian Consent Form**  
(For applicants 17 years of age and under)

**Disclaimer**

All information on the Volunteer Application Form whether submitted online or in paper directly to Victoria General Hospital, will be entered to a website owned by Volgistics, Inc. and not Victoria General Hospital or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Victoria General Hospital Volunteer Services, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. Victoria General Hospital and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' Security Features, Privacy Policies and Terms of Use can be found on its website at [www.volgistics.com](http://www.volgistics.com).

**Authorization and Consent**

It is the policy of Victoria General Hospital Volunteer Services to screen all prospective volunteers. While we try to place every prospective volunteer, management reserves the right to decline applicants who do not meet our requirements and/or placement criteria. I consent to this information and information about my child/ward's volunteer work with Victoria General Hospital to be maintained on the Volgistics website and absolve and release Victoria General Hospital and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for Victoria General Hospital purposes.

I, \_\_\_\_\_ hereby give my permission for  
(print name of parent/guardian)

\_\_\_\_\_ to volunteer for Victoria General Hospital.  
(name of applicant)

I have read and understood the Authorization and Consent as well as the Disclaimer and I consent to the details on my child/ward's volunteering being stored on the Volgistics website as described above.

**NOTE:**

Parents may be advised of performance issues or in the event that disciplinary action should be required.

Date \_\_\_\_\_

\_\_\_\_\_  
(signature of parent/guardian)