



Winnipeg Regional
Health Authority
Office régional de la
santé de Winnipeg

Parent/Guardian Awareness Form (For applicants 16 Years of age and under)

I, _____ hereby give
(print name of parent/guardian)

my permission for _____
(name of volunteer)

to volunteer for the Winnipeg Regional Health
Authority.

NOTE:

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

Date _____
(signature of parent/guardian)