



**3** Are there particular issues or areas that you would like the Advisory Council to focus on?

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**4** What skills, experience, and/or insight do you feel that you would bring to the Council?

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**5** Have you participated on other boards, committees, councils, etc.?

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As we would like the opportunity to reflect diversity in the membership of the Council, you are invited to indicate if you are from any of the following groups: women, Aboriginal people, visible minorities, and persons with disabilities: \_\_\_\_\_

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**How did you hear about the Palliative, Primary and Home Health Services Advisory Council?**

- Free Press
- Community newspaper
- Community organization
- Health organization
- TV or radio advertisement
- WRHA staff

Other: \_\_\_\_\_

**References**

Please provide the names of two people who could be contacted as references:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Disclaimer**

I hereby authorize the WRHA to contact the named references to ascertain my suitability as a volunteer. I hereby release the WRHA from all liability for any damages whatsoever for obtaining and using same.

By submitting this application, I agree that the information I have provided on the form is true and accurate. Furthermore, I understand and agree that submitting this application form does not automatically register me as a volunteer. It is the policy of WRHA 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 volunteer work with WRHA to be maintained on the Volgistics website and absolve and release 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 WRHA purposes.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**You can mail, fax or email your completed application to:**

**Elizabeth Premecz**, Winnipeg Regional Health Authority,  
3<sup>rd</sup> Floor - 496 Hargrave Street, Winnipeg, Manitoba, R3A 0X7

**Fax:** 204-940-2009    **Email:** [epremecz@wrha.mb.ca](mailto:epremecz@wrha.mb.ca)