



## **PATIENT AND FAMILY ADVISOR VOLUNTEER APPLICATION FORM**

All information on this Volunteer Application Form whether submitted online or in paper directly to the Winnipeg Regional Health Authority (WRHA) will be entered to a website owned by Volgistics Inc. and not the WRHA Volunteer Services. Volgistics is a third party contracted to manage and store all information on volunteers collected by WRHA Volunteer Services, including, but not limited to: this application, personal information, volunteer assignments, service hours, 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. The WRHA is 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).

<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Primary Phone:</b>	<b>Secondary Phone:</b>
<b>Email:</b>	

**1. What interests you in the volunteer role of Patient and Family Advisor to the WRHA?**

**2. Tell us a little bit about why participating in healthcare improvement is important to you.**

**3. Are you involved with any groups or initiatives in your community?**

**4. What insights, experience, and perspectives do you feel that you would bring?**

<b>Are you currently (please check):</b> <input type="checkbox"/> Retired <input type="checkbox"/> A student <input type="checkbox"/> Employed - What is your occupation?	
As we would like the opportunity to reflect the diversity of our community in membership on the Councils, you are invited to indicate if you are Indigenous, a newcomer to Canada, living with a disability or identify with any minority identity or community:	
<b>How did you hear about this volunteer opportunity?</b>	
<input type="checkbox"/> Free Press <input type="checkbox"/> Health organization <input type="checkbox"/> Community newspaper <input type="checkbox"/> Community organization	<input type="checkbox"/> TV or radio advertisement <input type="checkbox"/> WRHA Volunteer/Staff <input type="checkbox"/> Other:
<b>References:</b> 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.

Signature

Date

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

Sandy Pereira  
Winnipeg Regional Health Authority  
200 – 1155 Concordia Avenue  
Winnipeg, MB R2K 2M9  
**Email:** spereira2@wrha.mb.ca