



SEVEN OAKS GENERAL HOSPITAL

Parent/Guardian Consent Form (For applicants 16 & 17 years of age)

Disclaimer

All information on this Volunteer Application Form whether submitted online or in paper directly to Seven Oaks General Hospital Volunteer Services will be entered to a website owned by Better Impact and not Seven Oaks General Hospital or the Winnipeg Regional Health Authority (WRHA). Better Impact is a third party contracted to manage and store all information on volunteers collected by Seven Oaks General Hospital Volunteer Services, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Better Impact stores this information on servers in Canada and thereby adheres to Canadian Privacy law. Seven Oaks 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 Better Impact website. Information about Better Impact's Security Features, Privacy Policies and Terms of Use can be found on its website at www.betterimpact.com.

Authorization and Consent

It is the policy of Seven Oaks 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 Seven Oaks General Hospital to be maintained on the Better Impact website and absolve and release Seven Oaks General Hospital and the WRHA from all and any liability that may otherwise accrue by reason of keeping this information on the Better Impact website and using this information for Seven Oaks General Hospital purposes.

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

_____ to volunteer for Seven Oaks General Hospital
(print 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 Better Impact 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)