



MISERICORDIA
H e a l t h • C e n t r e
The future of care

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

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

my permission for _____
(name of volunteer)

to volunteer for The Misericordia Health Centre. I have read and understood the Volunteer Application Form and I consent to the details on my child's volunteering being stored on the Better Impact website as described on the Volunteer Application Form.

NOTE:

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

Date _____

(signature of parent/guardian)

**PLEASE PRINT THIS FORM, COMPLETE IT,
AND BRING IT WITH YOU TO YOUR INTERVIEW**