

**Concordia Patient & Family Advisory Council Application Form**

If you are selected for the position, all information on this form whether submitted online or in paper directly to Concordia Hospital will be entered to a website owned by Volgistics, Inc. and not Concordia Hospital.

Volgistics is a third party contracted to manage and store all information on Volunteers collected by Concordia Hospital, including, but not limited to: this application, personal information, volunteer assignments, service hours, awards, 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. Concordia Hospital 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).

If you are not selected for the position, this information will be confidentially disposed.

**Please note: Fields marked with a \* are required fields**

Mr.  Ms.  Mrs.

Name:

\*

Address (Please include Postal Code):

\*

Phone (Home):

\*

Phone (Work):

Phone (Other):

Email Address:

Which area do you live in? (Please check one):

- River East and Transcona (includes East St. Paul)
- St. James Assiniboia and Assiniboine South
- River Heights and Fort Garry
- Seven Oaks and Inkster (includes West St. Paul)
- St. Vital and St. Boniface
- Downtown and Point Douglas

1. Why are you interested in participating in Concordia's Patient & Family Advisory Committee?

2. Are you involved with any groups or initiatives in your community? How would you describe your community?

3. What insights, experience, and perspectives do you feel you would bring?

Are you currently (Please check one):

- Retired
- A student
- Working in your home
- Employed
- Unemployed

If employed, what is your occupation?

As we would like the opportunity to reflect the diversity of our community on the Council, you are invited to indicate if you are from any of the following groups: women, Indigenous, visible minorities, and persons with disabilities:



How did you hear about the Patient & Family Advisory Council?

- Community organization
- Health Clinic
- TV or radio advertisement
- Member of another Patient & Family Advisory Council
- Concordia Hospital Website
- A poster

Other:

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

#1 Name/Address/Phone:

#2 Name/Address/Phone:

**Disclaimer**

I hereby authorize Concordia Hospital to contact the named references to ascertain my suitability as a volunteer. I hereby release Concordia Hospital 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 Concordia 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 volunteer work with Concordia Hospital to be maintained on the Volgistics website and absolve and release Concordia Hospital from all and any liability that may otherwise accrue by reason of keeping this information on the Volgistics website and using this information for Concordia Hospital purposes.

- I agree with the above disclaimer