



## Health Information

Please list any accommodation you may require that you wish to have taken into consideration when determining a volunteer placement (i.e. Disability, Ergonomic).

## Emergency Contact

Name	Relationship	Contact no/s:
------	--------------	---------------

**I certify that I have completed this form and that the statements made by me are true and complete to the best of my knowledge.**

Disclaimer: Manitoba Possible screens all volunteer applications and reserves the right to decline applicants who do not meet our requirements. I acknowledge that Manitoba Possible is under no obligation to accept me as a volunteer.

I \_\_\_\_\_ (first/last name) hereby authorize my information to be used to process my application in consideration for volunteer opportunities with Manitoba Possible.

All information provided will be used in accordance with the privacy policy of Manitoba Possible and will not be shared with any third party without consent.

Signature of Applicant

Date

Name of Parent/Guardian if under 18

Signature of Parent/Guardian if under 18

Date