



**GRAND RIVER HOSPITAL FOUNDATION**  
835 King Street West  
Kitchener ON, N2G 1G3  
519-749-4205  
Charitable Registration # 88918 0394 RR 0001  
grhf.ca @careneverstops

## PARENTAL CONSENT FORM 2024/2025

Grand River Hospital Foundation supports youth volunteering. Applicants who are 16 and 17 years of age need to have a parent or legal guardian complete this form so that the applicant can participate in the volunteer program.

**Parent/Guardian**

**Name:**

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**Volunteer Name:**

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As the parent or legal guardian of \_\_\_\_\_, I hereby grant them permission to participate in the volunteer program at Grand River Hospital under the Foundation. I understand that they will or have completed all of the requirements for the volunteer program.

**Parent/Guardian**

**Signature:**

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**Date:**

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