



**Portage District General Hospital Foundation
524 5th Street South East
Portage la Prairie, Manitoba
R1N 3T1**

Volunteer Form

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

- Would you like to volunteer in our gift shop?** **Yes** **No**
- Would you like to volunteer at one of our events?** **Yes** **No**

Special Note: _____
