



**Skookum Jim Friendship Centre**  
***Women's Legal Advocate***

**CONSENT FORM**

I, \_\_\_\_\_, authorize Shauna Clare, Women's  
Legal Advocate of the Skookum Jim Friendship Centre, to  
provide and/or receive information to/from:

---

---

---

---

I understand that only the information I have consented to will  
be discussed. Any further information will require my being  
re-contacted for consent. I further understand that this  
Consent Form is valid for 365 days from the day of signing at  
which time if I am still involved with the Women's Legal  
Advocate of the Skookum Jim Friendship Centre I will need to  
sign and date a new Consent Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_