

Volunteer Reference Check Authorization Form

Please complete this form to authorize the organization to contact your references for the volunteer position.

Volunteer Information

Full Name:

Address:

Phone Number:

Email Address:

Authorization Statement

I hereby authorize the organization to contact the references listed below to obtain information concerning my character, work habits, and suitability for the volunteer position. I release all parties from any liability for damage that may result from furnishing this information.

Professional or Personal References

Reference 1

Reference Name:

Relationship:

Phone Number:

Email Address:

Reference 2

Reference Name:

Relationship:

Phone Number:

Email Address:

Signature and Date

Please sign and date this form after printing.

Printed Name:

Signature:

Date: