

Homewood Health Centre
Volunteer Services

PERMISSION TO CONDUCT
REFERENCE CHECK

I, _____ (applicant), hereby give authority to the Volunteer Services Department of the Homewood Health Centre to solicit a reference from the following in connection with my application for a volunteer position at Homewood:

1. _____
Name Relationship Phone

Address

2. _____
Name Relationship Phone

Address

I also hereby authorize the above named to provide a reference in connection with my application for a volunteer position with the Homewood Health Centre / Homewood Volunteer Association (HVA), and release them from any liability in regard to same.

Signature

Date