NEW AVENUES TO INDEPENDENCE, INC.
VOLUNTEER PROGRAM

Reference Information and Release

References

Please list two professional, volunteer or school references

1) Organization:
Address:

Phone:
Contact Person & Title:
Your Duties:
Served from: / / to / /

2) Organization:
Address:

Phone:
Contact Person & Title:
Your Duties:
Served from: / / to / /

AUTHORIZATION TO RELEASE INFORMATION

I, _____, having completed a Volunteer Application
Please print full name.

for NEW AVENUES TO INDEPENDENCE, INC., authorize the release of information from those sources listed under REFERENCES in the application. The information may include, but is not limited to:

Employment/Volunteer/School
Medical Records
Criminal/Court records

This authorization shall serve as a release of liability to all parties furnishing such information. A photocopy of this release shall be considered as effective and binding as the original. I understand records received will be treated in a confidential manner, and used only for the purpose of volunteer screening.

_____ _____
Volunteer Signature Date

_____ _____
Coordinator of Volunteers Date