



Authorization for Volunteer Reference Check

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I, the undersigned (please print) _____, hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of Pat's Place Child Advocacy Center, Inc.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies either criminal or civil in which I have or have had interest.

I certify any person(s) who may furnish such information concerning me shall not be held legally accountable for providing this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Home Address, City, State, Zip

Social Security Number

Telephone Number: __cell __home __work

Drivers License # (w/state)

Previous Name(s) if any

Date of Birth

Previous Address(es) (within past five years)

Signature

Today's Date

Witness Signature

Date

Pat's Place Child Advocacy Center, Inc. does not discriminate against any employee, applicant for employment or eligible client based on race, religion, ethnicity, gender, sexual orientation, national origin, age, or ability status.

**Please return completed sheets to
Pat's Place, 901 East Blvd., Charlotte, NC 28203; 704.335.2768 (fax)**



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Name of Potential Volunteer (please print): _____

References (non-family members):

Name: _____ Phone: _____

Business/Organization Affiliation: _____

Relationship to you: _____

Relationship to your past volunteerism: _____

Name: _____ Phone: _____

Business/Organization Affiliation: _____

Relationship to you: _____

Relationship to your past volunteerism: _____

Name: _____ Phone: _____

Business/Organization Affiliation: _____

Relationship to you: _____

Relationship to your past volunteerism: _____