**VOLUNTEER REFERENCES**

Please provide us with your personal and/or professional references. We will call the third only if we are not able to reach one of the first two contacts listed.

I, \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Central Food Network to contact the persons, companies or organizations listed below for the purposes of obtaining reference information, including information contained in my personnel file(s).

I further give my consent and authorization for the people and companies listed below to disclose such information:

1. Company / Individual’s Name: \_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s): \_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Company / Individual’s Name: \_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s): \_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Company / Individual’s Name: \_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s): \_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FOR INTERNAL USE:**

Volunteer Interview: Date: \_\_\_\_\_\_\_\_\_\_\_\_ Attendees: \_\_\_\_\_\_\_\_\_\_\_\_

Outcome: \_\_\_\_\_\_\_\_\_\_\_\_

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Confidentiality Form Signed  Emergency Contact Form Completed  Added to Contact List(s)

Volunteer Policy Manual provided & reviewed Date: \_\_\_\_\_\_\_\_\_\_\_\_ Staff: \_\_\_\_\_\_\_\_\_\_\_\_

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Police Check Required? Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vulnerable Sector Check Required? Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Food Handler’s Required? Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_