

EXPERIENCE

List names of at least three reliable persons who are familiar with your qualifications. Exclude relatives.

	NAME	OCCUPATION	ADDRESS	TELEPHONE
1.				
2.				
3.				

Authorization for References:

May we contact the above-named references? Yes No

If "yes", please complete the "Authorization for Release of Information" forms. If "no" explain if you wish.

Activities: (civic, athletic, hobbies, etc.)

I certify that the statements I have made on this application are true. In the event I am offered a volunteer position, I expressly understand that any false or misleading statement(s) made herein by me will be sufficient grounds for dismissal from my volunteer position. I acknowledge that positions are conditional upon receipt of a police check.

Applicant's Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, hereby authorize the Porcupine Health Unit to request from _____ my suitability for a volunteer position. I further authorize the above stated person to release to the Porcupine Health Unit the information so requested. This authorization will be invalid three months after date of signing.

Signature of Applicant: _____ Date: _____



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Signature of Applicant: _____ Date: _____



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Signature of Applicant: _____ Date: _____