

# Volunteer Reference Form

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List the names and contact information of people familiar with your work record, community activities, and character.

Name	Relationship	Telephone	Address

Have you ever been convicted of a felony? \_\_\_yes \_\_\_no If yes, please explain in a confidential letter.

I am aware that my references will be contacted for information concerning my work with them and my ability to perform the duties of my volunteer position. I am aware that a Limited Adult Criminal History may be conducted for the state of Indiana.

Signature \_\_\_\_\_

Date \_\_\_\_\_