



Vision, Hope and Strength for a Better Life

REFERENCE AUTHORIZATION FORM

I, _____, authorize Center for Family Services,
(Print Full Name)

Inc. to obtain employment references and/or personal references for employment or volunteer work from the organizations and/or persons that I have listed and/or given on my resume, volunteer application, and/or as references during the application and interviewing process. I understand that the results may have a bearing on my volunteering with Center for Family Services, Inc.

Signature

Date

Position Applied For/Current Position

Program Name

Volunteer Supervisor: _____ **Date Submitted To HR:** _____