

**Reference Request Form
(Volunteer Registration)
Lethbridge Community Network**

Volunteer candidates are requested to provide names of two individuals that may be contacted for personal references as part of the screening process and to ensure a suitable placement for the volunteer. Family members are not accepted as references.

Reference #1

Name: _____

Address: _____

(mailing address is: residence place of business)

City: _____

Postal Code: _____

Reference's Daytime Phone #: _____

Reference #2

Name: _____

Address: _____

(mailing address is: residence place of business)

City: _____

Postal Code: _____

Reference's Daytime Phone #: _____

By signing below, I give permission to the Lethbridge Community Network to contact the above references.

Volunteer Candidate's signature: _____

Date: _____