



VOLUNTEER REFERENCE CHECK AUTHORIZATION

P.O. Box 1820 223-10th Ave. N. Creston BC, V0B 1G0 ph. (250) 428-2296 fax 428-2297

I, _____ hereby authorize Creston and District Society for Community Living to conduct reference checks on my behalf for the purposes of a background check for my volunteer profile. Reference sources to be consulted are specific to those provided by myself.

Signature

Date

Witness

Date

Please provide the name and phone number of three references.

Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

CDSCL complies with BC's privacy legislation. We must collect certain information about you in order for you to access the services we provide. We will retain this information as long as required by our governing bodies. At any time, you may request access to this information. Association policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA).