



**ST. PATRICK'S HOME OF OTTAWA INC.
VOLUNTEER SERVICES**

Reference Check Consent Form

(Please name as references people who have known you for several years – i.e. employer, work colleagues, volunteer manager, doctor, professor, neighbours not family members).

Volunteer Position at St. Patrick's Home, a Long Term Care Facility

I, _____,
hereby authorize St. Patrick's Home of Ottawa Inc. to solicit personal information from person(s),
agency(ies) listed below for the purpose of verifying my suitability for volunteering with St. Patrick's
Home of Ottawa Inc.

1. _____
(Name) (Relationship)

(Address) (Telephone)

(E-mail)

2. _____
(Name) (Relationship)

(Address) (Telephone)

(E-mail)

3. _____
(Name) (Relationship)

(Address) (Telephone)

(E-mail)

This consent is given on this _____ day of _____, 20____
and is limited to the verification of references.

(Signature)