



## VOLUNTEER REFERENCE FORM

Date: \_\_\_\_\_

Name of school: CENTRAL MIDDLE SCHOOL

Name of volunteer applicant: \_\_\_\_\_

Name of reference provider: \_\_\_\_\_

Telephone number of reference provider: \_\_\_\_\_

Number of years for which you have known the volunteer applicant  
(minimum two years required):

\_\_\_\_\_

Capacity in which you know the volunteer applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm that, to the best of my knowledge, it is appropriate for the volunteer applicant to serve as a volunteer in a school setting in which he or she may have opportunity to interact with students.

I also hereby consent for this information to be shared with other schools in the Red Deer Public School District.

Name (please print): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Reference Provider)