



Release and Verification of Information Consent

I, _____, hereby authorize The Good Companions to
(Please print name)

- Disclose information to the following;
- Verify information with the following; and/or
- Conduct other verification pertinent to my volunteering with The Good Companions.

Reference(s):

1. Name: _____

Phone Number(s): (_____) (_____)
(daytime) (evening)

Relationship: _____

2. Name: _____

Phone Number(s): (_____) (_____)
(daytime) (evening)

Relationship: _____

3. Name: _____

Phone Number(s): (_____) (_____)
(daytime) (evening)

Relationship: _____

Applicant's Signature

Date