



Volunteer Reference and Release Form

The AIDS Committee of London screens volunteers in order to ensure the protection of our participants. We require references from three people (not friends or family) who have known you for at least one year. The AIDS Committee of London accepts email references.

Please list three references that we may contact below.
Please Print:

Name: _____ Relationship to you _____
Address: _____ City: _____
Postal Code: _____ Telephone: _____
Email: _____

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Name: _____ Relationship to you _____
Address: _____ City: _____
Postal Code: _____ Telephone: _____
Email: _____

I understand and accept that the above reference information I have provided is treated confidentially and will be used for processing my application. During the screening process I am under no obligation to work as a volunteer for AIDS Committee of London and the AIDS Committee of London is under no obligation to accept my service.

Your Name: _____ Date: _____

Your Signature: _____

You may submit your application by fax : 519 434 1843 or by mail to:

attn: Natalie Hébert
AIDS Committee of London
#30-186 King St
London ON N6A 1C7
Phone: 519.434.1601