



Authorization for Release of Information: Youth Serving Organizations

I _____ give my permission to Big Brothers Big Sisters of Franklin County to solicit and secure the following information:

_____ Information from all youth-serving organizations I have worked or volunteered with either currently, or in the past.

Youth Serving Organizations

1.

Organization Name

Contact Person

Address

Phone

Email

Type of job or Nature of volunteer work

Dates involved

2.

Organization Name

Contact Person

Address

Phone

Email

Type of job or Nature of volunteer work

Dates involved

3.

Organization Name

Contact Person

Address

Phone

Email

Type of job or Nature of volunteer work

Dates involved

I _____ hereby request of any and all of the above-named sources to divulge the information to Big Brothers Big Sisters of Franklin County for the purpose of evaluating my application to volunteer as a Big Brother or Big Sister in this organization. This permission will be in effect for one year from the date I execute this document, and allows either written and/or verbal exchange of this information.

Signature

Date