



Senior Assistance Center

Small Charity. Great Work.

2839 W. 44th Ave
Denver, CO 80211
303-455-9642

I, _____, hereby authorize and request, in conjunction with my application for employment and or the prescreening for a friendly visitor volunteer to work on behalf for the Senior Assistance Center, that present and former employers, schools, law enforcement agencies, government agencies, financial institutions, and other person having personal knowledge about me, furnish bearer with any and all information in their possession.

I am also willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waiver any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application, and friendly volunteer program which I sign.

I also understand that the Senior Assistance Center will verify the information provided by me during the employment process including current employment and **any** misrepresentation or concealment of information requested will be reason for dismissal if I am employed by the Senior Assistance Center.

Please provide any other name you have used i.e. if your name has changed through marriage or otherwise or you have used any other name.

Name: (please print)

Applicant's Signature:

Date: