

9. Please provide us with the names of two individuals who would provide a personal, work or volunteering reference for you. They should be someone not related to you.

REFERENCE 1

_____	_____
Name	Title

Agency/Company (if applicable)	
_____	_____
Phone Number	Email

Relationship to you	

REFERENCE 2

_____	_____
Name	Title

Agency/Company (if applicable)	
_____	_____
Phone Number	Email

Relationship to you	

10. By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate. I authorize Victoria Women's Transition House Society to obtain references from the individuals listed above.

_____	_____
SIGNATURE	Date

11. Please send your completed application form to:

dianned@vwth.bc.ca

or mail to:

Dianne de Champlain
 Community Education & Volunteer Program Coordinator
 Victoria Women's Transition House Society
 100-3060 Cedar Hill Road
 Victoria BC V8T 3J5