



Diocese of El Paso

Volunteer Applicant References

Note to applicant: Please fill in the requested information below. References forms will then be sent to the individuals you have listed below. Be sure to include all the information requested.

Applicant's name: _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Occupation _____

Please list three (3) references that we may contact who have known you for at least three (3) years.

Reference 1

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

How long have they known you? _____ In what capacity (relationship)? _____

Reference 2

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

How long have they known you? _____ In what capacity (relationship)? _____

Reference 3

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

How long have they known you? _____ In what capacity (relationship)? _____

I waive my rights provided by the Family Educational Rights and Privacy Act of 1994 to inspect any letters of reference.

Signature of Volunteer Applicant

Date