

**Big Brothers Big Sisters of Great Falls**

**VOLUNTEER RELEASE OF INFORMATION FORM**

I understand that it is necessary for Big Brothers Big Sisters of Great Falls to investigate my background and to check my references. Therefore, I hereby authorize and direct any and all employers, courts (juvenile and adult), police agencies, counseling agencies, social service agencies, and any other persons or agencies with whom I have had contact with to release any information concerning me which said persons and agencies may have. I hereby release said persons or agencies releasing information from any and all liability arising or said to arise from the furnishing of said information.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Program Specialist: \_\_\_\_\_ Date: \_\_\_\_\_