

Lutheran Urban Ministry Corporation (LUM)

Volunteer References Verification Form (Attachment C)

Name of Applicant: _____

Name of first Reference _____

Contact Date _____

Details: _____

Method of Contact:

Phone _____ email _____ other _____

Name of second Reference _____

Contact date _____

Details: _____

Method of Contact:

Phone _____ email _____ other _____

References Summary:

Recommendation _____

Name of Interviewer: _____

Interviewers Signature: _____

Date: _____

Date approved at Board of Directors Meeting _____