

REFERENCE REQUEST

Please give the names and contact information for three references who can speak to your abilities and interests.

1. Professional or Academic Reference:

Name:

Phone Number:

Email Address:

Describe how long you have known this person and in what capacity.

2. Volunteer Reference (if available; otherwise include a second professional or academic reference):

Name:

Phone Number:

Email Address:

Describe how long you have known this person and in what capacity.

3. Personal Reference:

Name:

Phone Number:

Email Address:

Describe how long you have known this person and in what capacity.

I hereby authorize the Washington County District Attorney's Office to verify the above listed references in regards to my application for participation in the Victim Assistance Program.

Signature of Applicant

Date