**REFERENCE CHECK AUTHORIZATION FORM**

I authorize \_\_\_\_name of church\_\_\_\_\_ located in \_\_\_\_\_\_\_\_\_name of town\_\_\_\_\_\_ to

contact references on my resume and others who may know of my qualifications for ministry. Further, I authorize any person from my past to provide \_\_\_\_\_name of church\_\_\_\_ with relevant information and opinion that may be useful to \_\_name of church\_\_\_ in making a decision about considering me as a candidate for a ministry position in \_\_\_name of church\_\_\_.

I, hereby, release such persons and organizations from any legal liability in providing such information and opinions.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_