



I am hereby giving my consent for Employment Verification to be obtained as a requirement for my consideration as a volunteer with HOPE Medivan.

Volunteer Signature

Date

The above named individual has issued written consent to obtain this information. I am obtaining this verification in accordance with the written instructions of the consumer to whom the verification relates.

HOPE Medivan Representative

Date

Form 995: Employment Verification Permission

"Restoring hope to our neighbors through compassionate medicine."

HOPE Medivan, a division of Nineveh Outreach – www.ninevehoutreach.com
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