



AUTHORIZED SIGNATURES

(Please type or print clearly in ink)

DATE: _____

The following signature(s) shall be the only authorized person(s) responsible for signing court referral time sheets. Court referred volunteers will be returned to the requesting agency if their time sheets are not signed by an authorized person.

PRINT NAME	SIGNATURE	TITLE
Primary Authorized Person		
Additional Names		

If your nonprofit agency will be using an authorized stamp or an embossed seal, please place your stamp in the space provided below.

AGENCY: _____

ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: () _____ - _____ FAX NUMBER: () _____ - _____

Submit completed forms via scanned e-mail, fax, or post service:

Sara Tuckerman-Cluff,
Court Referral Program Director
scluff@oneoc.org

Fax: 714-834-0585

Corporate Referral Program
1901 E. 4th Street, Suite 180
Santa Ana, CA 92795