



**Matt Talbot Kitchen & Outreach Volunteer Consent  
for Release of Information**

I, \_\_\_\_\_, hereby authorize Matt Talbot Kitchen & Outreach to release/request personal information to/from the Lancaster County Court, Diversion Services, Community Corrections, Cedars Youth Services, Probation or any other pertinent Agency/individual in order to verify the necessity for community service hours. I realize that a personal background check may be made before I am eligible to volunteer at Matt Talbot Kitchen & Outreach.

**This information to be released/requested or obtained from:  
Agency(s)**

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I understand the information that is to be provided, and the benefits and disadvantages of signing this consent form. I voluntarily give my permission to release this information and realize that by doing so I admit to utilizing the services of Matt Talbot Kitchen & Outreach as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This release is valid for six months but I understand I may revoke it in writing my consent for release at any time.

A copy of this form is considered as good as the original.

**Please complete and return this form to  
Sydne Wirrick-Knox, Coordinator of Volunteers & Operations  
Matt Talbot Kitchen & Outreach, P.O. Box 80935, Lincoln, NE 68501  
sydnemtko@windstream.net  
Phone: 402-477-4116 Fax: 402-477-4118**