Administrative Office:
Riverside
6235 River Crest Drive, Ste. L
Riverside, CA 92507
(951) 413-1200
www.vna-ic.org

Office of Philanthropy
(760) 773-6260

Clinical Branches:
Banning
Home Health: (951) 769-1419
Hospice: (951) 845-8439

Barstow
Home Health & Hospice:
(760) 256-2016

Murrieta
Home Health: (951) 894-5300
Hospice: (951) 894-5330

Palm Desert
Home Health: (760) 346-3982
Hospice: (760) 674-0451

Riverside
Home Health: (951) 413-1270
Hospice: (951) 656-3153

Victorville
Home Health: (760) 962-1966
Hospice: (760) 241-3564

Yucca Valley
Home Health: (760) 365-8314
Hospice: (760) 365-4271

Volunteer
Board of Directors
Executive Committee
Ruth Harriss
Janet DeVries
William Fisher
Dianne Mills

Through the decades

Visiting Nurse Association of the Inland Counties

a tradition of caring

TO: Whom it May Concern DATE: _____

FROM: _____ _____
Name Social Security Number

I have applied for a position with the Visiting Nurse Association of the Inland Counties.

I hereby authorize you, and any of your officers and employees, to disclose to VNAIC, any and all information in your possession pertaining in any way to me or to my employment with you. I recognize that this authorization may cause both favorable and unfavorable information which may be obtained in my personnel filed to be released. Nevertheless, I desire that all such information be disclosed and I hereby release you, your officers and employees from any and all liability for damages resulting directly or indirectly from such disclosure.

Thank you in advance for your cooperation.

Yours truly,

_____
Signature

EMPLOYERS, PLEASE NOTE:

SECTION 47 FO THE CALIFORNIA CIVIL CODE GRANTS PROTECTION FROM TORT LIABILITY TO CALIFORNIA EMPLOYERS WHO PROVIDE REFERENCES UPON REQUEST TO OTHER EMPLOYERS ABOUT PROSPECTIVE EMPLOYEES.

YOUR PARTICIPATION IN THIS VERIFICATION PROCESS WILL BE CONSIDERED STRICTLY CONFIDENTIAL, AND WILL BE MUCH APPRECIATED.