
WORK Reference Name	Relation to You	Relationship Duration
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Address	Phone Number	Email
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NON- FAMILY Reference Name	Relation to You	Relationship Duration
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Address	Phone Number	Email
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OTHER Reference Name	Relation to You	Relationship Duration
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Address	Phone Number	Email
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How did you learn about AYS? What makes you want to volunteer here?

What do you hope to gain from you volunteer experience at AYS? You may want to mention skills you would like to learn, experiences you would like to gain, or services that you would like to provide.

I verify that the answers I have given are true, complete, and correct to the best of my knowledge. I understand that if they are not, I could be disqualifying myself for any volunteer position.

I hereby give authorization for the Volunteer Manager to contact the above listed references and to solicit all information desired in connection with this application, including matters of opinion, character, ability, reputation, and past contact, and I authorize each individual and organization named on this form to give such information.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

If minor: (Printed Name of Parent of Guardian)

(Signature of Parent of Guardian)

(Date)