**PVSA Application Form**

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| **Applicant information** |
| Last name: | First name: | Date of birth: |
| Address: |  Male Female |  US Citizen Perm. Residence |
| Email: | Phone: | Branch name: |

**Service information**

Service period (AYLUS Award Year: From May-01 to Apr-30):

Total service hours reported in this application:

**Declaration:**

 I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my volunteer involvement.

 I understand that a background check may be conducted. I authorized investigations of all statements contained in the application

 I agree to observe all guidelines and policies of AYLUS

Signature of applicant: Date:

Branch Adviser (Print): Signature Date

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