



AYLUS

The Alliance of Youth Leaders in the United States

Leadership
Integrity
Innovation

AVSA Application Form

Applicant Information		
Last Name:	First Name:	Date of Birth:
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident
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 _____