

VFW Youth Volunteer Group

Membership Application

Youth Volunteer Information:

Date: _____

Name:

Last name: _____ First name: _____

Age: _____

Birthdate: _____

e-mail contact(s): _____

Seyo organization affiliation (VFW, OCBC, Wintersburg, etc.): _____

Cell phone number:

Home Address:

Home phone number:

Parent Information:

Father's name:

Cell phone number:

Mother's name:

Cell phone number:

Parent consent for youth's participation in the volunteer program:

Parent/guardian signature

Membership dues are \$10 per person. Please make checks payable to VFW Youth Group.