

Audubon Youth Leader (AYL) Volunteer Request

AYLs Full Name: _____

AYL Phone (if applicable) (_____)_____

Parent Phone (_____)_____

AYL email (if applicable) _____

Parent Signature: _____

Please choose at least two first choice weeks you would like to volunteer for and at least two second choice weeks. Return this form to Casey Arndt (carndt@audubon.org) as soon as possible.

First Choice	Second Choice	Volunteer Week	
_____	_____	June 17-21	Animal Architects
_____	_____	June 24-28	Young Nats
_____	_____	June 24-28	Messy Mud!
_____	_____	July 1-2, 4-5	Bug Blitz
_____	_____	July 8-12	Crafty Critters
_____	_____	July 15-19	Shark Week
_____	_____	July 22-26	Messy Mud!
_____	_____	July 29-Aug 2	Survivor
_____	_____	Aug 5-9	Shark Week
_____	_____	Aug 11-16	Avian Adventures