



Ride with Me for Autism 2012
Presented by the Jessica Green Foundation, Inc.

VOLUNTEER SERVICE

Please complete the form below and bring to check in the morning of the ride.

Candidate Name: _____ Year of Graduation (if applicable) _____
School (if applicable): _____
Time Activity Began: _____ Time Activity Ended: _____
Total # of Service Hours _____ Date(s) of Event: _____
Activity: _____

SUPERVISING MANAGER: _____

I _____ certify that the hours worked for the Ride with Me for Autism event are accurate and performed satisfactorily.

SUPERVISING MANAGER'S SIGNATURE

DATED

Signature of Applicant (All applicants must sign in ink)

STUDENT'S SIGNATURE

DATED

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