



Volunteer Application for Ava's Gift to June

First and Last Name as it appears on your driver's license.

Please check what you are interested in:

Events /Ava's Annual Fun Ride/Bike Ride/Other Events

Driving/Transportation to treatments

Other (delivering toys, helping with babysitting, anything else).

Driver's License # (for security and background check purposes).

Contact Email: _____

Contact Phone Number: _____

If you have any questions about this please contact Heather at avasgifttojune@hotmail.com.

By signing this form, you agree that all information you might be provided with in regards to children including their medical diagnoses are confidential, and any information you are given access to from AGTJ is confidential. Should you disclose any information to any parties, you may be held financially and personally liable to AGTJ and/or to the families they represent.

(signature) Date: _____

Please print this application and mail to:

Ava's Gift to June, Inc. PO Box 43, Waxhaw, NC 28173.

If you have questions or concerns, please contact: Heather Shiflett at avasgifttojune@hotmail.com or (704) 264-4582.

Thank You so much for your interest and participation in supporting our cause, and helping families who are battling childhood cancer!!

