

Agahozo Shalom Youth Village Volunteer Recommendation Form



To be completed by applicant:

Name of Applicant					
Home Phone		Cell Phone			
Email Address					
Address					
City		State		Zip	

Dear Recommender,

The individual named above has applied to volunteer at the **Agahozo-Shalom Youth Village** (ASYV) in Rwanda and has provided your name as a reference. Please return this form, along with your evaluation, to:

Agahozo-Shalom Youth Village
c/o Anchin
Attn: Lily Brent
1375 Broadway - 17th Floor
New York, NY 10018
(212) 863-1352 or lily@asyv.org

Please return your recommendation in a sealed envelope with your signature across the seal.

Your letter of recommendation should reflect accurately the person's strengths and weaknesses and capabilities as demonstrated in his/her work or study.

Thank you for taking the time to help us consider this applicant. Should you have any questions, please contact Lily Brent at lily@asyv.org or at (212) 863-1352.

To be completed by the recommender:

Name					
Title		Institution/Organization			
Address					
City		State		Zip	
Phone Number		Fax			
Email				Date	

Please note: **Applications will not be processed until all letters of recommendation have been received.**

