

# AFGE YOUNG Coordinator



## Information Form

If you are currently or interested in being an AFGE Y.O.U.N.G. Coordinator or Mentor, please fill out and return this form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number : \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

(personal)

I am:

Currently a Local AFGE YOUNG Coordinator

Currently a Council AFGE YOUNG Coordinator

Currently a Local AFGE YOUNG Mentor

Interested in being \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ Agency: \_\_\_\_\_

Council: \_\_\_\_\_

Local Number:

\_\_\_\_\_

