



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYER VERIFICATION FORM

Full Name of Parent: _____

Name of Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Employer Phone Number: _____

Employer Email: _____

Position: _____

Name of Child(ren) and Date of Birth:

_____ / ____ / _____

_____ / ____ / _____

_____ / ____ / _____

_____ / ____ / _____

VERIFICATION

Choose one of the following verification methods and attach a clear photo of it along with this form. Please email to SASSupport@ymcamidtn.org

Pay stub

ID badge

HR verification

Employer Letter