



Washington Trails Association's
Volunteer Vacations for Youth
*Weeklong Service Vacations in Washington's
Spectacular Backcountry*

Student instructions: Print this form and give this to a teacher/advisor/employer to fill out.

TEACHER/ADVISOR REFERENCE

We are delighted that your student has applied to become a Washington Trails Association volunteer. Each participant represents Washington Trails Association and your school to each of those constituents. It is important that we accept only those students who will labor diligently, abide cheerfully by the rules and live and work in harmony with their peers. Please indicate below if you agree that _____ has the capacity to adhere to the above qualifications.

___ **Yes, I believe this student will be a valuable participant to this program**

___ **No, I do not believe this student is prepared to join this type of trip at this time.**

Teacher/Advisor Name: _____

Relationship to student: _____

Phone: _____

E-mail: _____

Teacher/Advisor Signature: _____

**Please return this form to the student or mail it in to: Washington Trails Association
Attn: Youth Vacations
705 2nd Ave., Suite 300
Seattle, WA 98104**