

# Youth Peer Advocate Experience Verification Form



Make multiple copies of this form as needed to document the required number of hours of experience.

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**APPLICANT:** I authorize FTNYS to contact employers listed on my application to give any and all information concerning my current and previous employment or volunteer experience and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Date

Position Title:		This position is:    Paid    Unpaid	
This position is primarily:		Direct Service (Advocate)	Supervisor    Other:
Date Started Position:	Date Left Position:	# Hours Worked:	
Agency Name:		Agency Phone:	
Agency Address:			
City:	State:	Zip:	Country:
Supervisor's Name & Title:			
<b>PLEASE ATTACH JOB DESCRIPTION OR SUMMARY OF WORK DUTIES.</b>			

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**SUPERVISOR:** The above individual is applying for a *Youth Peer Advocate Professional Credential*. At this time, we are verifying their employment or formal volunteer experience and that the employment or volunteer experience is/was in the field of peer-to-peer youth support and advocacy. (Formal volunteer experience is defined as a regular, sustained commitment with a specific role, not occasional or intermittent volunteer assignments.)

Please check the appropriate statement, and return this form to the applicant as soon as possible.

- YES**, the above employment/volunteer information is accurate, and this position involved providing or supporting youth peer support services for young people with social, emotional, behavioral and developmental challenges.
- NO**, the above employment/volunteer information is inaccurate or this position is not related to providing or supporting youth peer support services for young people with social, emotional, behavioral and developmental challenges. The correct information is as follows:

\_\_\_\_\_



\_\_\_\_\_  
Supervisor's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Email Address

\_\_\_\_\_  
Work Phone