# ALLY CARD APPLICATION

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|---|---|
| Name: | Position: |
| Organization: | |
| Address: | Phone: |
| | Fax: |
| | E-mail: |
| Why do you want to be an Ally? (use other side if not enough room) | |
| What does being an Ally mean to you? | |
| What can you offer gay, lesbian and bisexual youth? | |
| How did you hear about the Ally card program? | |
| Are you willing to be listed as an Ally to gay, lesbian and bisexual youth?<br>Ally Resource Referral List (private) Yes No<br>Ally Card program Website (public) Yes No<br>Ally Card Community Directory (public) Yes No | |
| Please provide two professional references (not related):<br>Name: _____ Phone number: _____<br>Name: _____ Phone number: _____ | |
| Is there anything else you would like to add? | |
| Mailing address to send the Ally card: | I have answered all questions truthfully. I consent to a criminal background check, which is required of all Allies. |
| Please submit application and contract to:<br>SIDA/AIDS Moncton 165 A Gordon St.<br>Moncton, NB E1C 1N1 | _____ Signed<br>_____ Date |

The Ally Card program was made possible in part by United Way funding.