



ARMED SERVICES YMCA

OPERATION RIDE HOME LEAVE VERIFICATION FORM

Please note that this leave verification form must be uploaded during the registration process and does not take the place of the required online registration.

PARTICIPANT'S INFORMATION

(Please complete this section prior to submitting to your leave manager)

Participant's Name _____

Rank _____ Unit _____ Service Branch _____

LEAVE VERIFICATION/AUTHORIZATION

(Please have this section completed by your First Sergeant or equivalent)

I verify that the individual listed above has applied to the Armed Services YMCA's Operation Ride Home Program, which provides travel aid to junior enlisted service members to travel home around the holidays. The service member listed above has been approved/authorized to take leave if selected to this program.

Would you recommend this applicant be prioritized to receive aid through Operation Ride Home? YES NO

Name _____ Title/Rank _____

Duty Station _____

Contact Phone Number _____ Email _____

Estimated leave dates for service member _____

Signature _____ Date _____

Please note that the ASYMCA may contact you to verify this information.

**If you have any questions regarding Operation Ride Home,
please contact the ASYMCA:**

Phone: 907-552-9622

E-mail: welcome.center@akasyymca.org

10449 Luke Avenue, JBER 99506