



## MYAC Intern/Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Date of Birth

Address: \_\_\_\_\_  
Street - Apt. # City State Zip Code

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is this license currently valid: Yes  No

Race/Ethnicity:  American Indian  Asian  African American  White  Hispanic/Latino  Multiracial  
 Native Hawaiian or other Pacific Islander

**PLEASE ATTACH A COPY OF DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED ID WITH THIS APPLICATION.**

**If you have a valid AZ DPS fingerprint clearance card, please also attach a copy to this application.**

Persons to notify in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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**Education:** Circle highest grade completed

**GRADE SCHOOL** 1 2 3 4 5 6 7 8    **HIGH SCHOOL** 9 10 11 12    **COLLEGE** 1 2 3 4 5 6

Please list name of High School you attended and any Institutions of Higher Education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share why do you are interested in volunteering with the Mayor's Youth Advisory Commission?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience:** Include all related job and volunteer experience in order of most recent experience.

**Place of Employment /Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

**Place of Employment /Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_



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Place of Employment /Volunteer Experience: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

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**Background Check** – College Connect volunteers are required to complete a criminal background check, a search of the Dept. of Justice National Sex Offender Public website, fingerprinting clearance and reference checks to ensure the safety and well-being of our youth.

I certify that all statements made on all application materials are true and complete. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

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

\_\_\_\_\_  
**Date**

### Availability

Date you are available to begin: \_\_\_\_\_

What days and times are you available? (Please include morning and afternoon hours)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_



## MYAC Intern/Volunteer Application

### References (Personal or Professional):

Please list at least two references.

I hereby authorize the City of Tempe to check my references with the following individuals:

Name and Title: _____
Address/City/Zip: _____
Date(s) Employed or Volunteered: _____
Phone: _____
How do you know this reference? _____

Name and Title: _____
Address/City/Zip: _____
Date(s) Employed or Volunteered: _____
Phone: _____
How do you know this reference? _____

Name and Title: _____
Address/City/Zip: _____
Date(s) Employed or Volunteered: _____
Phone: _____
How do you know this reference? _____

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

\_\_\_\_\_  
**Date**



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### VOLUNTEER APPLICATION

*PLEASE COMPLETE*

**NOTE: FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- (Check box if this statement is true)** 1. I am not awaiting trial or have not been convicted of *or admitted in open court or pursuant to a plea agreement* to committing the criminal offenses listed in Question 2 below.
- (Check box if this statement is true)** 2. I am awaiting trial or I have been convicted of *or admitted in open court or pursuant to a plea agreement* to committing the criminal offenses listed below.
  - A. Sexual abuse of a minor
  - B. Incest
  - C. First or second degree murder
  - D. Kidnapping
  - E. Arson
  - F. Sexual assault
  - G. Sexual exploitation of a minor
  - H. Felony offenses involving contributing to the delinquency of a minor
  - I. Sexual exploitation of a minor
  - J. Felony offenses involving sale, distribution or transportation of , offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs
  - K. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
  - L. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
  - M. Burglary in the first degree
  - N. Burglary in the second or third degree
  - O. Aggravated or armed robbery
  - P. Robbery
  - Q. A dangerous crime against children as defined in A.R.S. §13-604.01
  - R. Child abuse
  - S. Sexual conduct with a minor
  - T. Molestation of a child
  - U. Voluntary manslaughter
  - V. Aggravated assault
  - W. Assault
  - X. Exploitation of minors involving drug offenses

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN TERMINATION.**

\_\_\_\_\_  
**Signature**
**Date**

**(BELOW TO BE COMPLETED BY NOTARY PUBLIC)**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) SS.  
 County of \_\_\_\_\_ )

The above named person, who is known to me or has provided proper identification, signed before me his/her name on this document on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Name \_\_\_\_\_