



Internship/Volunteer Application

PERSONAL/CONTACT INFORMATION:

Name: _____ Age: _____

Email Address: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Residence Address (if different from above): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

POSITION DESIRED/AVAILABILITY:

Position: _____ Intern _____ Volunteer

Earliest date you can start: _____

How many hours per week can you volunteer? _____

Some programs are conducted during evening hours and weekends. Are you available to work these times? Please specify below times you are available to complete intern hours:

M_____ T_____ W_____ TH_____ F_____ S_____ SUN_____

Do you have reliable transportation? _____

Do you have a valid Fingerprint Clearance Card? _____

How did you hear about the program? _____

MISSION STATEMENT

Arizona Youth Partnership builds solid foundations for youth and families by partnering with Arizona communities to prevent and solve local issues such as substance abuse, youth homelessness, lack of educational opportunities, teen pregnancy, and challenging family dynamics.

EDUCATION:

	Name	Location	Years attended	Subject Studied
High School				
College				
Vocational				

Do you have any other training or experience for the position in which you are interested?

REFERENCES:

(LIST BELOW THE NAMES OF THREE PERSONS **NOT** RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ON YEAR)

Name	Address	Phone #	Years Known

Is there any additional information about yourself or your schedule you wish to include?

MISSION STATEMENT

Arizona Youth Partnership builds solid foundations for youth and families by partnering with Arizona communities to prevent and solve local issues such as substance abuse, youth homelessness, lack of educational opportunities, teen pregnancy, and challenging family dynamics.