



Youth Council Advisory Board Member Application

Information Data:

Full Name: _____
Last First Middle

Current Street Address: _____
Street/Name District/Zone

Mailing Address: _____
Street/Box City State Zip

Mobile : (____) _____ Home/Other : (____) _____

Email: _____

Facebook, etc: _____

Current Place of Employment or School: _____

Experience working with youth people: _____

Value, knowledge, and/or skills which you can contribute to the organization and its members: _____

Education:

| College or Trade School Attended | Degree, Diploma, or Certificate | Year Begun | Year Ended |
|----------------------------------|---------------------------------|------------|------------|
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Career Summary:

| Company or Institution | Last Title and Position | Year Begun | Year Ended |
|------------------------|-------------------------|------------|------------|
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Civic Activities:

List your present involvement with tribal programs and other community activities: service clubs, volunteer work, religious work, civic, or school related activities. If additional space is needed, include separate sheet.

| Name of Organization Affiliation/Institution | Major Office held | Year Begun | Year Ended |
|---|-------------------|------------|------------|
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| | | | |

Character References:

(List three characters references that are **not** related to you.)

1. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Email: _____

2. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Email: _____

3. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Email: _____

I submit this application to the Akimel O’odham/Pee-Posh Youth Council and do solemnly swear that the contents contained herein are true to the best of my knowledge and I understand that any false, erroneous, or incomplete information may result in my disqualification.

Your signature is required to validate application information.

Applicant Signature

Date