

| First Name | Middle Name | Last Name |
|--------------------|---------------------------|---------------|
| Cell Phone Numbe | r | Date of Birth |
| Email Address | | |
| Home Address | | |
| City, State, Zip | | |
| How long have you | ı lived at your current a | address? |
| How long have you | ı lived in the area? | |
| Social Media Hand | lle - Twitter | |
| Social Media Hand | lle - Instagram | |
| Social Media Hand | lle - Facebook | |
| Employed By (If E | mployed) | Phone Number |
| Occupational Title | | |



| Brief description of work: | | | | | | | | | |
|---|--|--------------|---------|-------|--|--|--|--|--|
| If you are currently working (paid or volunteer), please include the name of your supervisor: | | | | | | | | | |
| | ferences of people v ly for whom you hav | • | | | | | | | |
| Name | Zip Code | Phone | Relatio | nship | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| Best time(s) to rea | of communication: ch you: (highest school grad | | _ Phone | | | | | | |
| Do you speak a for | | | Yes _ | No | | | | | |
| If yes, which langu | uage or languages de | o you speak? | | | | | | | |
| Do you drive? | | | Yes _ | No | | | | | |
| Do you have a val | id drivers license? | | Yes _ | No | | | | | |
| Do you have regul | le? | Yes | No | | | | | | |



| Current community activities: |
|--|
| List current and previous volunteer work (list previous volunteer work including brief description of duties and activities, approximate dates of service.): |
| How did you learn about the PYP Summit? |
| Have you ever been convicted of a crime?YesNo |
| If yes, what charge? Date convicted: |
| Where: City & State |
| Do you consent to a routine criminal background check?YesNo |
| PART TWO |
| Please answer the following questions in paragraph form. |
| 1. What are your reasons for wanting to participate as a PYP Summit volunteer? |



| 2. Write a short summary about your interest in volunteering and how you hope to benefit from this volunteer experience. | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| 3. Briefly explain your knowledge of the freelance makeup, hair, fashion styling and manicurist industry. | | | | |
| | | | | |
| | | | | |
| 4. List 3 strengths that you possess that you believe would be an asset to working on the Summit Volunteer committee. | | | | |
| Ex: I'm great with word processing, or I'm a whiz on social media. | | | | |



| 5. | Is there | anything | else vou | would like | us to know | about you? |
|---------------|----------|-------------|-----------|------------|------------|------------|
| \mathcal{L} | 15 there | an y anning | CIBC y Ou | Would like | us to Know | about you. |

PYP Summit reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant Signature

Date

PLEASE EMAIL YOUR COMPLETED APPLICATION DIRECTLY TO CRYSTAL WRIGHT AT: Crystal.Wright@pypsummit.com

You can also mail it to:

PYP SUMMIT Attention: Crystal Wright 1029 HWY 6 N STE 650-151 HOUSTON, TX 77079