



## Office of Mayor Richard J. Berry

### Attention Albuquerque Youth:

Mayor Richard J. Berry is asking youth from around the City of Albuquerque to apply to be a part of the Mayor's Youth Advisory Council. The Mayor's Youth Advisory Council (MYAC) will be responsible for advising the Mayor on issues concerning Albuquerque's youth. The MYAC will be composed of up to 21 members representing communities from across the City bringing the voice of our youth ages 13-20 directly to the Mayor.

As a MYAC member you may serve a one-year, two-year, or three-year term dependent upon council availability. The MYAC meets on a bi-weekly basis in which the schedule will vary based on the majority of the MYAC's availability.

The powers and duties of the Youth Advisory Council shall be as follows:

- (A) Advise the Mayor and City Council on City programs geared toward youth, including the need for new or expanded programs.
- (B) Facilitate at least two "Job Shadow" days each year to enable other youth to learn more about City programs and possible career fields.
- (C) Serve as the Mayor's liaison to other youth-oriented organizations.
- (D) Annually develop and implement a public service project.
- (E) Promote and assist in the establishment of effective programs for the prevention of delinquency, youth crimes, crimes against youth, and neglect.
- (F) Other duties requested by the City.

Applicants will be required to go through an interview and selection process and must have parent or guardian approval before applying.

If an applicant is not selected, the Mayor's Youth Advisory Council meetings are open to the public. We welcome and encourage as many youth as possible to participate in the MYAC related activities.

To apply, please download an application on the City's website at: [www.cabq.gov](http://www.cabq.gov)

To submit your application, please email or mail to the following addresses:

Amanda Barka  
[abarka@cabq.gov](mailto:abarka@cabq.gov)

OR

Elias Gallegos  
[egallegos@cabq.gov](mailto:egallegos@cabq.gov)

Attn: Mayor's Office  
One Civic Plaza NW, 11<sup>th</sup> Floor  
P.O. Box 1293

**Once your Application has been submitted, please contact the Mayor's Office to assure it has been received.  
505-768-3000**



**City of Albuquerque  
Office of Mayor Richard J. Berry  
Mayor's Youth Advisory Council (MYAC) Application**

**Applicant Information**

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

Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Current School: \_\_\_\_\_

Year in School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

**Parent/Guardian Contact Information (In case of an Emergency)**

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

Physical Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_



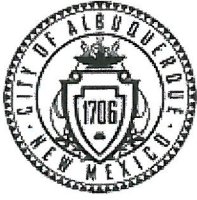
**City of Albuquerque  
Office of Richard J. Berry  
Mayor's Youth Advisory Council (MYAC) Application**

**Required Documents for complete Application:**

1. Completed Essay Question
2. Résumé (ask a parent/guardian or teacher for help)
3. Signed Background Authorization and Release Form
4. Signed Media Release Form

**Essay Question:** (You may use an additional sheet of paper to answer the essay)

- Why do you want to be on the Mayor's Youth Advisory Council? Given the opportunity to influence a significant change in Albuquerque, what **youth** related issue would you address? What approach would you take? Who would you like to work with? Why this particular issue?



# City of Albuquerque

## HUMAN RESOURCES

### Background Investigation Waiver and Release Form

### BOARDS AND COMMISSIONS

In connection with my application for consideration to be placed on one of the Boards or Commissions with the City of Albuquerque, a governmental entity, I understand that investigative reports may be requested concerning me. This requested information may include my performance and experience in employment, along with reasons for termination of past employment from previous employers; my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records where available;

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed entity or agency ("Agency") from all liability resulting from the furnishing of this information. A photocopy of this "Background Investigation Waiver and Release Authorization" shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the City of Albuquerque and is received within one year of the signature date.

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for acceptance as a member of a Board or Commission within the City of Albuquerque.

The information on this Authorization that I provide includes an accurate list of every state where I have lived and all former names and aliases.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agencies and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

**Power to refuse, renew or revoke placement to a Board or Commission:**

The City has jurisdiction over the acceptance and placement of Board or Commission members within the City of Albuquerque and may refuse to grant or renew or may revoke appointment to any Board or Commission within the City of Albuquerque governmental organization.

Any applicant may be rejected for any reason, and no reason for the rejection need be given to an applicant.

All information shall be kept safeguarded to prevent non-allowed disclosure, release, loss or misuse and to ensure that only authorized persons have access to such confidential information, except as provided by law.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If under 18) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date

**APPLICANT INFORMATION – Please complete ALL blanks**

Last Name _____	First Name _____	Full Middle Name _____	Social Security Number _____
Maiden Name _____	Other Names, Nicknames or Aliases used _____		Date of Birth (Month/Day/Year) _____
Present Address _____	Number/Street/Quadrant _____	City _____	State _____ Zip Code _____ How Long _____
Previous Address (Within last 7 years) _____	Number/Street/Quadrant _____	City _____	State _____ Zip Code _____ How Long _____
Driver's License Number _____	State Issued _____	Expiration Date _____	Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/>
Parent/Guardian Contact Phone Number _____			
<b>City of Albuquerque Information:</b>			
Department: _____		Requested by: _____ Job Title: _____	



**City of Albuquerque  
Office of Mayor Richard J. Berry  
Mayoral Youth Advisory Council Application**

**Mayor's Youth Advisory Council Media Release**

I, \_\_\_\_\_ (print your name), hereby grant the City of Albuquerque permission to use my likeness, voice, picture, and name for print, radio, electronic media, state websites, or television broadcast anywhere throughout the United States and the world, and to edit such material on film, audiotape, or videotape for the purpose of promoting the City of Albuquerque Mayor's Youth Advisory Council.

I hereby attest that I have read and agree to the above statement.

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

Your address: \_\_\_\_\_

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

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

**IF YOU ARE UNDER THE AGE OF 18 YEARS OF AGE, THE SIGNATURE OF YOUR PARENT OR GUARDIAN IS ALSO REQUIRED:**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date