Student Interns and/or Student Teachers must complete the following requirements with Human Resources in order to finalize placement:

- Complete the attached application
  - One page must be notarized by Human Resources
  - Please have your driver’s license available
- Submit your Fingerprint Clearance Card
  - A copy must be retained by Human Resources in order to be in compliance with State Law
- Verify that written communication from the teacher education field experience coordinator at the college has been submitted to Human Resources

Please Note:

1. You must have your ID picture taken and card processed prior to reporting to your assigned school site. ID badge must be worn at all times when on school campus. Badge must be surrendered to the building principal at the conclusion of your student intern or student teaching experience.

2. Student Interns or Student Teachers may not begin their assignment prior to clearance from Human Resources.

3. Student Interns and Student Teachers are considered Volunteers.

All Students College and Career Ready

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Brendolyn McFarland</td>
<td>Student Placement Liaison</td>
<td><a href="mailto:bmcfarland@aguafria.org">bmcfarland@aguafria.org</a></td>
<td>623.932.7000</td>
</tr>
<tr>
<td>Andie DeLaRosa</td>
<td>HR Coordinator</td>
<td><a href="mailto:adelarosa@aguafria.org">adelarosa@aguafria.org</a></td>
<td>623.932.7040</td>
</tr>
<tr>
<td>Noemi Cabrales</td>
<td>HR Specialist</td>
<td><a href="mailto:ncabrales@aguafria.org">ncabrales@aguafria.org</a></td>
<td>623.932.7005</td>
</tr>
<tr>
<td>Bianca Perdomo</td>
<td>HR Specialist</td>
<td><a href="mailto:bperdomo@aguafria.org">bperdomo@aguafria.org</a></td>
<td>623.932.7027</td>
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AGUA FRIA UNION HIGH SCHOOL DISTRICT 216
STUDENT INTERN/STUDENT TEACHER APPLICATION

Name _____________________________________  Phone ____________________
Address ___________________________________  City/Zip _________________________
E-mail _____________________________________

Please complete this section of the application in order for us to have sufficient information on your experiences and background.

1. Current Employment __________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Other Work or Volunteer Experience ____________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Education (High School, College, University, etc) _________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. What goals do you have for your Internship hours or your Student Teaching experience?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

For Human Resources Use Only

Date: __________  Location: ________________  Contact Person/Activity: _________________________________
☐ Fingerprint Card (Exp. __________)  ☐ ID  Cleared on: _________________________________
Comments: __________________________________________________________________________

On which campus would you like to Student Intern/Student Teach or on which campus are you already assigned? (Please check all that apply)

☐ AFHS  ☐ DEHS  ☐ MHS  ☐ VHS  ☐ CVHS  ☐ No Preference

Please check one:  ☐ Student Intern

Number of Observation Hours ______
Date From _______________ Date To _______________

☐ Student Teacher

Semester 1 _____ Semester 2 _____
Date From _______________ Date to _______________

In what content area will you be a Student Intern or Student Teacher? ___________________________________________________________

Please describe your experience working with students? ___________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

CONTACT INFORMATION:  MUST BE COMPLETED

<table>
<thead>
<tr>
<th>College/University</th>
<th>Director of Education Program or Field Experience Coordinator</th>
<th>Supervising Teacher at College /University</th>
<th>Phone Number And Email Address</th>
<th>Graduation Date</th>
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</thead>
<tbody>
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EMERGENCY CONTACTS:

1. Name: ___________________________________________  Phone: __________________________

2. Name: ___________________________________________  Phone: __________________________

3. Name: ___________________________________________  Phone: __________________________

I certify that the above information is correct. I hereby authorize the Agua Fria Union High School District to do a background investigation if it determines it is needed. I understand that this information will be treated as confidential material. Student Interns/Student Teachers will submit to fingerprinting as required by law.

Volunteer Signature ___________________________  Date ____________
AGUA FRIA UNION HIGH SCHOOL DISTRICT 216
VOLUNTEER QUALIFICATIONS AND REQUIREMENTS

___________________________  ___________________________
Name                                                Position

______________________________________
Volunteer Signature                        Date

I, _______________________________________, being duly sworn, do hereby certify that I
have never been convicted of or admitted in open court or pursuant to a plea agreement
committing, and am not now awaiting trial for committing, any of the following criminal offenses
in the state of Arizona or similar offenses in any other jurisdiction:

- Sexual Abuse of a Minor
- Incest
- First or second-degree murder
- Kidnapping
- Arson
- Sexual Assault
- Sexual exploitation of a minor
- 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
- Felony offenses involving the
  possession or use of marijuana,
  dangerous drugs, or narcotic drugs
- Misdemeanor offenses involving the
  possession or use of marijuana or
  dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Aggravated or armed robbery
- Robbery
- A dangerous crime against children
  as defined in A.R.S. 13-601.01
- Child Abuse
- Sexual conduct with a minor
- Molestation of a child
- Manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug
  offenses

Subscribed, sworn to, and acknowledged before me by ____________________________,
this _______ day of ____________________, 20_______, in Maricopa County, Arizona.

My Commission Expires:

______________________________________  ___________________________
Notary Public                                                Notary Public
The Agua Fria Union High School District appreciates the time volunteers donate to our schools. The District has procured general liability coverage for volunteers. Coverage for Volunteers is provided off school premises for District approved events/activities only. The district does not provide insurance coverage for the loss or damage of personal property of students, staff, or volunteers.

The exact procedure of working with volunteers will differ with each situation. Volunteers work under direct supervision of a teacher or school district personnel.

Volunteers may not be paid for student intern hours or for student teaching. Student teachers may not be employed by the District.

Volunteers must refer all discipline situations to the teacher or school district personnel.

Volunteers may not transport students at any time either in their personal vehicle or a District vehicle.

Volunteers must not give any medications or medical advice to students. Where sickness and medications are concerned the school nurse or authorized personnel should be notified and will follow required procedures.

Volunteers will receive training in preparation of their responsibility by appropriate school personnel.

Volunteers will be held to the same high standards regarding working with students and representing the District as our employees are. If at any time the Volunteer’s actions are a violation of District policy or the Volunteer is deemed to not be representing the District in accordance with its expectations, the Volunteer may be asked to discontinue in his/her volunteer capacity.

Volunteers will complete the application, and receive a volunteer I.D. badge upon fingerprint clearance and processing of Student Intern/Student Teacher Application.

Volunteer Signature

Date

**The information presented here is not intended to be all-inclusive of District policies or procedures. A complete set of Policies is available at the link below:**

https://policy.azsba.org/asba/Z2Browser2.html?showset=allmanuals