Aztec Warrior Application Form

Personal Information:

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Social Media Links: _____

Education:

High School Name: _____

Graduation Year: _____

San Diego State University Student (required): [ ] Yes [ ] No

Major/Area of Study (if applicable): _____

Availability:

Are you available to work evenings, weekends, and holidays as required for events?

[ ] Yes [ ] No

Experience:

Please describe any relevant experience you have that would make you a good fit for the Aztec Warrior position:

Skills:

What skills or qualities do you possess that would contribute to your success as the Aztec Warrior?

Commitment:

Why are you interested in becoming the Aztec Warrior Mascot, and what motivates you to represent our school community?

References:

Please provide the names and contact information of two references who can speak to your character, reliability, and suitability for the position:

Reference 1: _____

Name: _____

Phone Number: _____

Email Address: _____

Reference 2: _____

Name: _____

Phone Number: _____

Email Address: _____

Signature:

By signing below, I confirm that the information provided in this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Please email the application along with a photo to: aztecwarriorfoundation@gmail.com