

**Dutchess County Youth Council Application
2009 - 2010**

Name: _____

Birth date: _____ **Gender (M or F):** _____

Ethnicity: **White** **African-American** **Hispanic**
 Native American **Asian** **Other**

Address: _____

Home Phone: _____ **Cell Phone:** _____

School: _____ **Grade:** _____

Email Address: _____

Check One:

Reapplying Member (Postmark by September 25th)

**New Applicant or Late Re-applicant (Postmark by
November 30th)**

Please answer the following questions and feel free to use another piece of paper if necessary.

1. How did you hear about the Youth Council? Why do you want to join the Youth Council?

2. List your current extra-curricular activities (i.e. school, church, work activities, and organizational affiliations) and interests, especially youth leadership groups.

3. What would you like to get out of being a member of the Youth Council?

4. Given your active teen schedule, do you believe you will have the time to attend Youth Council once a month meetings as well as scheduled events and community service projects?

Parental Permission

I give consent for my son/daughter, _____, to participate as a member of the Dutchess County Youth Council. I understand that transportation to and from Youth Council meetings and activities is not provided.

Parent/Guardian Signature

Date

Send to: June Ellen Notaro
 Dutchess County Youth Council
 27 High Street
 Poughkeepsie, NY 12601
 Tel.: (845) 486-3662, Fax: (845) 486-3697
 Email: jnotaro@co.dutchess.ny.us