

Dutchess County Youth Council Application 2016-2017

PLEASE TYPE OR PRINT CLEARLY.

Name: _____

Birthdate: _____ Age: _____ Gender (M or F): _____

Ethnicity: White ___ African-American ___ Hispanic/Latino ___ American Indian/Alaska Native ___ Asian (includes Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) ___ Native Hawaiian and Other Pacific Islander ___ Two or More Races ___ Other ___

Address: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Email Address: (print clearly) _____

Check One:

_____ Reapplying Member (Postmark by September 23th)

_____ New Applicant or Late Re-applicant (Postmark by Nov 17th)

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. What do you like to do in your free time....hobbies, music, sports, etc.?

5. 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? Please know we have attendance expectations in order to maintain membership.

Parental Permission (Please type or print clearly).

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 Name

Date

Parent/Guardian Signature

Parent Email Address: _____

Return to: June Ellen Notaro, Director
 DCFS - Division of Youth Services
 60 Market Street
 Poughkeepsie, NY 12601
 Tel.: (845) 486-3662, Fax: (845) 486-3090
 Email: JuneEllen.Notaro@dfa.state.ny.us

**Dutchess County Youth Council 2015-16
Youth's Emergency Contact Information**

As our meetings are held in the evening, please provide information for two evening emergency contacts with evening phone numbers. Please print or type all information.

Youth's Name: _____

Youth's Address: _____ City _____ Zip _____

Date of Birth: _____ Home Phone No: () _____

Parent/Guardian Name: _____ Cell Phone No: () _____

Medical Insurance Carrier Name & Address _____

Family Physician: _____ Phone No: () _____

Allergies: _____

Medical Problems: _____

Medication Currently Being Used: _____

Anything else we should know: _____

Emergency Contact #1

Name: _____

Relationship to Youth: _____

Evening Phone Number Home or Work (Please state which) with Area Code:
() _____

Cell Phone with Area Code: () _____

Emergency Contact #2

Name: _____

Relationship to Youth: _____

Evening Phone Number Home or Work (Please state which) with Area Code:
() _____

Cell Phone with Area Code: () _____



Dutchess County Photo Release Form
Complete the top half OR the bottom half.

I, _____ (name of parent) the undersigned hereby grant the COUNTY OF DUTCHESS or its assignees, permission to take photographs of my son/daughter _____ (name of child) and I also give them permission to put finished photographs in print media, posters, billboards, or to any legitimate uses they deem proper. Further, I relinquish and give the COUNTY OF DUTCHESS all right, title and interest I may have in finished pictures, negatives, reproductions and copies of the original prints and negatives, digital images, slides, etc., and further, grant the COUNTY OF DUTCHESS the right to give, transfer, or exhibit the negatives, original prints, copies, digital images, slides, etc. to any responsible individual, business firm, or publication, or to any of their assignees.

Parent Name _____
 Print Name

Signed _____

Date: ____/____/____

Witness #1 _____
 Print Name

Signed _____

Date: ____/____/____

Witness #2 _____
 Print Name

Signed _____

Date: ____/____/____

~ ~OR~ ~

Needs Notary for below

STATE OF NEW YORK))
)) SS:
 COUNTY OF DUTCHESS))

On this ____ day of _____, _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Signed _____