

SUE SERINO
COUNTY EXECUTIVE



SABRINA JAAR MARZOUKA, JD, MPH
COMMISSIONER

DUTCHESS COUNTY GOVERNMENT
DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

Dutchess County Youth Council Application 2025-2026

Thank you for your interest in joining or renewing your membership on the Dutchess County Youth Council. Please complete the application forms and return to:

Juliana Corbett via email at Juliana.Corbett@dfa.state.ny.us or mail to DCFS Division of Youth Services, 85 Civic Center Plaza, Poughkeepsie, New York 12601.

For more information, please call (845) 486 -3354 or visit
<https://www.dutchessny.gov/Departments/Youth-Services/Division-of-Youth-Services.htm>

Check One:

_____ **Reapplying Member** (*Application due by September 30, 2025*)

_____ **New Applicant or Late Re-applicant** (*Application due by October 20, 2025*)

PLEASE TYPE OR PRINT CLEARLY

Name: _____

Birthdate: _____ **Age:** _____ **Gender:** _____

Youth Email Address: (Please do not provide a school email address):

Home Address: _____

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

School Name (if applicable) : _____

Year:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Not in school*

*If not in school, list your school district here: _____

**Please answer the following questions
(attach additional pages if necessary):**

How did you hear about the Youth Council (school, church, friends, community groups, other)?

Why do you want to join the Youth Council?

Please share something about yourself that would help Council members learn more about you.

List any current extra-curricular activities that may conflict with this Thursday night obligation:

Youth Council meetings will be held on the 2nd Thursday of the month (except for October 2025 & February 2026) from 6:30 pm – 8:00 pm at 85 Civic Center Plaza, Poughkeepsie NY 12601.

See meeting dates below:

September 11, 2025	February 19, 2026
October 23, 2025	March 12, 2026
November 13, 2025	April 9, 2026
December 11, 2025	May 14, 2026
January 8, 2026	June 11, 2026 (Final Event)

If selected for the Youth Council, I will be committed to attending monthly meetings, having a positive attitude, respecting others, and demonstrating cooperation.

(Applicant signature)

(Date)

Parental Permission (for youth under 18 years old) (Please type or print clearly).

I give consent for my child, _____, 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: DCFS - Division of Youth Services
85 Civic Center Plaza
Poughkeepsie, NY 12601
Tel.: (845) 486-3354, Fax: (845) 486-3288
Email: Juliana.Corbett@dfa.state.ny.us

*** Please advise us how your child will be transported
before 4pm on the day of the meeting.**

**Dutchess County Youth Council 2025-2026
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

(for youth up to 18 years old)

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 child _____ (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 _____