

Dutchess County Youth Council Application 2020-2021

PLEASE TYPE OR PRINT CLEARLY.

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Ethnicity: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Email Address: (print clearly) _____

Check One:

_____ Reapplying Member (Postmark by September 30, 2020)

_____ New Applicant or Late Re-applicant (Postmark by Nov 30, 2020)

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 meeting as well as scheduled events and community service projects? Please know we have attendance expectations 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) 486-3288
Email: JuneEllen.Notaro@dfa.state.ny.us**

**Dutchess County Youth Council 2020-2021
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: () _____

