WILLIAM F.X. O'NEIL
COUNTY EXECUTIVE

SABRINA JAAR MARZOUKA, JD, MPH
COMMISSIONER

COUNTY OF DUTCHESS

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

Dutchess County Youth Council Application 2023-2024

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

PLEASE TYPE OR PRINT CLEARLY

Name: _____

Birthdate: _____ **Age:** _____

Gender: ☐ **Male** ☐ **Female** ☐ **Nonbinary** ☐ **Prefer Not To Indicate**

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: _____

Email Address:_____

Check One:

_____**Reapplying Member (***Application due by September 30, 2023*)

_____**New Applicant or Late Re-applicant** (*Application due by October 20, 2023*)

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 your current extra-curricular activities (volunteer services, clubs, church, work and other activities).

Youth Council meetings will be held on the 3rd Thursday of the month from 6:30 pm – 8:00 pm. at 85 Civic Center Plaza, Poughkeepsie NY 12601.

See meeting dates below:

September 21, 2023	**February 15, 2024**
October 19, 2023	**March 21, 2024**
November 16, 2023	**April 18, 2024**
December 21, 2023	**May 16, 2024**
January 18, 2024	**June 20, 2024**

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

Dutchess County Youth Council 2023-2024
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 _____ Signed _____
Print Name

Date: _____/_____/_____

Witness #1 _____ Signed _____
Print Name

Date: _____/_____/_____

Witness #2 _____ Signed _____
Print Name

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 an 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 _____

60 Market Street, Poughkeepsie, New York 12601-3299 • (845) 486-3000 • Fax
(845) 486-3090 www.dutchessny.gov