Dutchess County Youth Council Application 2021-2022

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, 60 Market Street, 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, 2021)  

__________New Applicant or Late Re-applicant (Application due by October 31, 2021)
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 (location To Be Determined)

See meeting dates below:

<table>
<thead>
<tr>
<th>September 16, 2021</th>
<th>February 17, 2022</th>
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<tbody>
<tr>
<td>October 21, 2021</td>
<td>March 17, 2022</td>
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<tr>
<td>November 18, 2021</td>
<td>April 21, 2022</td>
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<tr>
<td>December 16, 2021</td>
<td>May 19, 2022</td>
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<tr>
<td>January 20, 2022</td>
<td>June 16, 2022</td>
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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: Karmen Smallwood, Assistant Commissioner for Youth Services/Director DCFS - Division of Youth Services 60 Market Street Poughkeepsie, NY 12601 Tel.: (845) 486-3129, Fax: (845) 486-3288 Email: Karmen.Smallwood@dfa.state.ny.us
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.

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<thead>
<tr>
<th>Parent Name</th>
<th>Signed</th>
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<tbody>
<tr>
<td>Print Name</td>
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<tr>
<th>Witness #1</th>
<th>Signed</th>
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<th>Witness #2</th>
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~ ~OR~ ~

Needs Notary for below

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

On this day of ____________, 20__ 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 ________________________________