

## Why should I join the Dutchess County Youth Council?

### □ *To Make Positive Change*

In a time where many adults feel that youth do not partake in many worthwhile activities, the Youth Council helps disprove this common thought. The Youth Council makes positive change possible in our communities and schools through various service projects, government assistance projects, lobbying efforts, and conferences. These and other activities help to assist those in need as well as create opportunities for those in our society who are less fortunate.

### □ *To Develop Leadership Skills*

The Youth Council allows students to become leaders in their schools and communities. The various activities run by the Youth Council are lead by students, not adults. The directions the students want the projects to take are always considered and their input is valued by all. Within the Council, respect is given to everyone and every person has the chance to speak his or her mind. The Executive Committee members also run the monthly meetings. The Youth Council is often called upon by non-profit organizations for their opinions in various social issues.

### □ *To Meet New People*

The Youth Council is also very popular because it provides the opportunity for individuals to meet students from other schools who have common interests with themselves. The meetings combine business as well as time to get to know the other members. The variety of activities allows each member to participate in the events they are interested in.

FOR INFORMATION ON HOW TO JOIN THE  
DUTCHESS COUNTY YOUTH COUNCIL, PLEASE CALL  
THE DIVISION OF YOUTH SERVICES AT 845-486-3024.

## 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?

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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: \_\_\_\_\_

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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 \_\_\_\_\_ 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 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 \_\_\_\_\_