



PUTNAM COUNTY YOUTH COURT

JUSTICE FOR YOUTH, BY YOUTH



| APPLICATION FOR TRAINING PROGRAM IN SEPT 2023 | | |
|--|---|-----------|
| APPLICANT INFORMATION | | |
| Full Name: | DOB: / / | |
| Phone: | | |
| Email: | | |
| Mailing Address: | | |
| City: | State: | ZIP Code: |
| Gender (please circle): M F Other (please specify): | Age: | |
| Ethnicity (please circle): White Black or African American Hispanic or Latino | American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander | |
| 2+ Races Other (please specify): _____ | | |
| SHIRT SIZE (ADULT): SMALL MEDIUM LARGE X-LARGE 2XL | | |
| EDUCATION | | |
| Current School: | | |
| Grade Entering in September 2023: | Year You Plan To Graduate High School: | |
| EMERGENCY CONTACT/PARENT INFORMATION | | |
| Parent/Guardian Name(s): | | |
| Relationship: | | |
| Phone: | | |
| Email: | | |
| INTERESTS AND ACTIVITIES | | |
| Current Extracurricular Activities: | | |
| Other Interests/Activities: | | |
| Future Employment Interests: | | |
| How You Found Out About Youth Court: | | |
| SIGNATURES | | |
| <i>I am interested in learning more about Youth Court, and wish to be contacted about the program & training.</i> | | |
| Signature of Applicant: | Date: | |
| <i>I authorize my son/daughter to participate in the Youth Court program and consent for him/her to be contacted.</i> | | |
| Signature of Parent/Guardian: | Date: | |

Putnam County Youth Court provides a ten-session training for new members.

Training begins in September.

Please mail, scan or hand deliver your completed & signed application to Youth Court (see below info.)

You will be contacted prior to our next training session.

Thank you!

Putnam County Youth Court

Donald B. Smith County Government Campus, 110 Old Route 6, Bldg. 3, Carmel, New York 10512

(p) (845) 808-1600 ext. 46122 (f) (845) 808-1907 (e) youthcourt@putnamcountyny.gov