

PUTNAM COUNTY YOUTH COURT

JUSTICE FOR YOUTH, BY YOUTH



APPLICATION FOR TRAINING PROGRAM IN FEB 2024			
APPLICANT INFORMATION			
Full Name:	DOB:	1	1
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 Gra	an 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 am interested in learning more about Youth Court and wish to be contacted about the program & training.			
Signature of Applicant:	Date:		
I authorize my son/daughter to participate in the Youth Court program and consent for him/her to be contacted.			
Signature of Parent/Guardian:	Date:		

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

Training begins in February.

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