



**COUNTY OF DUTCHESS**  
DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

## **Dutchess County Youth & Police Initiative 2024**

The Youth and Police Initiative (YPI) is a way for youth, police departments and community organizations to build positive change and trust. The YPI curriculum produces strong, sustainable relationships that positively impact youth and police while reducing risk factors for delinquency and police targeting.

**Over the course of five, 2.5 hour after school sessions, police officers and specially selected youth from local high schools will share histories, complete team building exercises and roleplay scenarios, concluding with a Saturday graduation ceremony.**

*YPI Sessions*

Dates: **May 6-10**

Time: **4:00 PM – 6:30 PM**

Location: Dover Plains Library

1797 Route 22, Wingdale, New York 12594

*Graduation Ceremony*

Date: **May 11**

Time: **11:00 AM**

Location: Lakeside Park Auditorium

2 Lakeside Drive, Pawling, New York 12564

***Please complete the application forms and return to Juliana Corbett via email at [Juliana.Corbett@dfa.state.ny.us](mailto: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) 486-3024.***

# Dutchess County Department of Community and Family Services

## Youth Application

PLEASE TYPE OR PRINT CLEARLY

Youth Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Sex at Birth:  Male  Female  Unknown

Gender Identity:  Male  Female  Transgender  Gender Non-Conforming  
 Other/Something Else  Decline to Answer  Don't Know

Sexual Orientation:  Bisexual  Gay/Lesbian  Straight/Heterosexual  
 Other/Something Else  Decline to Answer  Don't Know

Ethnicity:  Black/African American  White  Asian/Pacific Islander  Hispanic/Latinx  
 Native American/Alaskan  Other  Unknown

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year:  Freshman  Sophomore  Junior  Senior

Email Address: \_\_\_\_\_

*If selected for the YPI, I will be committed to attending all the meetings, having a positive attitude, respecting others, and demonstrating cooperation.*

\_\_\_\_\_  
Applicant/Youth Signature

\_\_\_\_\_  
Date

**Dutchess County Department of Community and Family Services**

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 YPI.*

*I understand that YPI sessions will be held at Dover Plains Library located at 1797 Route 22 Wingdale, New York 12594 on Monday through Friday between the hours of 4:00 – 6:30 pm.*

*Transportation to and from YPI meetings and activities will not be provided.*

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

# Dutchess County Department of Community and Family Services

## Video/Photo Release for Families

(for youth under 18 years old)

PLEASE TYPE OR PRINT CLEARLY

*I hereby grant the Dutchess County Department of Community and Family Services or its assignees, permission to take photographs or videos of me, my children and/or my family. I also give them permission to put videos and finished photographs in print media, posters, bill boards, 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 videos, finished pictures, negatives, reproductions and copies of the original prints and negatives, digital images, and slides, and further, grant the County of Dutchess the right to give, sell, transfer, or exhibit the negatives, original prints, copies or facsimiles thereof, digital images and slides to any responsible individual, business firm, or publication, or to any of their assignees.*

Youth's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

# Dutchess County Department of Community and Family Services

## Youth Emergency Contact Information

As our meetings are held after school, please provide information for **two evening emergency contacts with evening phone numbers.**

**PLEASE TYPE OR PRINT CLEARLY**

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: \_\_\_\_\_