



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

**Dutchess County Youth Council Application 2024-2025**

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](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 -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 (Please do not provide a school email address):

\_\_\_\_\_

**Check One:**

\_\_\_\_\_ Reapplying Member (Application due by September 30, 2024)

\_\_\_\_\_ New Applicant or Late Re-applicant (Application due by October 20, 2024)

**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 3<sup>rd</sup> Thursday of the month, with the exception for the month of June; from 6:30 pm – 8:00 pm at 85 Civic Center Plaza, Poughkeepsie NY 12601.**

**See meeting dates below:**

<b>September 19, 2024</b>	<b>February 20, 2025</b>
<b>October 17, 2024</b>	<b>March 20, 2025</b>
<b>November 21, 2024</b>	<b>April 17, 2025</b>
<b>December 19, 2024</b>	<b>May 15, 2025</b>
<b>January 16, 2025</b>	<b>June 12, 2025</b>

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

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**(Applicant signature)**

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**(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: DCFS - Division of Youth Services  
85 Civic Center Plaza  
Poughkeepsie, NY 12601  
Tel.: (845) 486-3354, Fax: (845) 486-3288  
Email: [Juliana.Corbett@dfa.state.ny.us](mailto:Juliana.Corbett@dfa.state.ny.us)**

## Dutchess County Youth Council 2024-2025 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**

(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.

Parent Name \_\_\_\_\_  
Print Name

Signed \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness #1 \_\_\_\_\_  
Print Name

Signed \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness #2 \_\_\_\_\_  
Print Name

Signed \_\_\_\_\_

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 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 \_\_\_\_\_