



# Putnam County Youth Board

*Helping the Putnam County Youth Bureau  
To Promote Positive Youth Development!*



## YOUTH BOARD APPLICATION FORM

Thank you for your interest in joining or renewing your membership on the youth board for the Putnam County Youth Bureau. Please complete the following and return it to:

Janeen Cunningham at [janeen.cunningham@putnamcountyny.gov](mailto:janeen.cunningham@putnamcountyny.gov) or mail c/o Putnam County Youth Bureau to 110 Old Route 6, Bldg. 3, Carmel, NY 10512.

For more info, please call 845.808.1600 or visit [www.putnamcountyny.com/youth](http://www.putnamcountyny.com/youth).

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

RENEWING MEMBERSHIP

NEW APPLICANT

CURRENT MEMBER

**\*Please specify the preferred email, phone, and mailing address (either personal and/or work) for Youth Bureau to use for board related correspondence. This is how announcements, meeting minutes, etc. will be sent to you.**

### HOME CONTACT INFORMATION:

Home Phone: ( ) - \_\_\_\_\_  Preferred Phone

Cell Phone: ( ) - \_\_\_\_\_  Preferred Phone

Personal Email: \_\_\_\_\_  Preferred Email

Home Address: \_\_\_\_\_  Preferred Mail

Mailing Address: \_\_\_\_\_  Preferred Mail  
(if different)

### EMPLOYMENT INFORMATION:

Employer's Name: \_\_\_\_\_  Retired  
\*List former Employer

Your Title: \_\_\_\_\_

Work Phone: ( ) - \_\_\_\_\_ ext. \_\_\_\_\_  Preferred Phone

Work Cell Phone: ( ) - \_\_\_\_\_  Preferred Phone

Work Email: \_\_\_\_\_  Preferred Email

Work Address: \_\_\_\_\_  Preferred Mail

Mailing Address: \_\_\_\_\_  Preferred Mail  
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## VOLUNTEER ACTIVITIES, CLUBS, AND/OR OTHER BOARD/ORGANIZATION AFFILIATIONS:

Name of Activity, Club and/or Board or Organization	Position (i.e. member, President, Co-Chair, etc.)

**NEW APPLICANTS ONLY:** Please share little about why you would like to join the Youth Board.

**RENEWING/CURRENT MEMBERS ONLY:** Please share little about what serving on the Youth Board has meant to you and specify how long you have served to date. We welcome your suggestions for ongoing Board Development.

## EMERGENCY CONTACT INFORMATION:

Meetings and Board events are typically held in the evenings. Please provide two contacts for us to reach out to in the event of an emergency. Please advise if there are any medical needs that you may have (i.e., allergies) that may require any special accommodations.

### Emergency Contact # 1:

Name:

Relationship to

Member/Applicant:

Phone Number: (    ) -        ext.

### Emergency Contact # 2:

Name:

Relationship to

Member/Applicant:

Phone Number: (    ) -        ext.

**\*Renewing Member/New Applicant Agreement:** I understand that this Youth Board offers youth and adults valuable volunteer experience. I understand that there are limited slots available, and members are appointed by the County Executive. I will be able to provide a consistent time commitment to Board/Youth Bureau related meetings and events. Also, as photographs/videos/interviews may be taken/conducted during any of the Board/Youth Bureau related tasks, meetings and/or events, I also give consent for such photographs/videos of and interviews with myself, to be used for the purpose of advertising and reporting out about and/or recruiting for the Board/Youth Bureau. This may include, but is not limited to, inclusion any Putnam County newsletters, websites, and/or newspaper articles.

**Renewing Member/New Applicant Signature:** \_\_\_\_\_

**\*If under 18, Parent/Guardian Signature:** \_\_\_\_\_



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## ADDITIONAL INFORMATION (ONLY FOR YOUTH/YOUNG ADULTS UP TO AGE 21):

AGE and Date of Birth: \_\_\_\_\_

School Name\*: \_\_\_\_\_

\*If not school, then district you live in.

Year:  Freshman  Sophomore  Junior  Senior  Not in school

**New Applicants Only: How did you hear about the Youth Board?**

**NOTE: The Putnam County Youth Bureau meets the 3<sup>rd</sup> Wednesday of the month at 4 PM at the Putnam County Youth Bureau ~ Donald B. Smith County Gov't. Campus ~ 110 Old Route 6, Bldg. 3 ~ Carmel, NY 10512. For details, call (845) 808-1600 and leave a message on x 46113.**

**The New York Human Rights Law prohibits discrimination because of age, race, creed, color, national origin, disability, sex, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, and limitation, specification, or discrimination as to age, race, creed, color, national origin, disability, sex, marital status, or criminal record.**