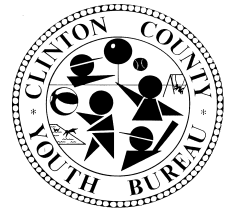




CLINTON COUNTY YOUTH BUREAU

OLD COURTHOUSE, 3RD FLOOR
137 MARGARET STREET
PLATTSBURGH, NEW YORK 12901
(518) 565-4750
FAX (518) 565-4775



YOUTH COURT PROGRAM
RESTORATIVE JUSTICE PROGRAM

Laura Paul
Project Coordinator

Clinton County Youth Court Application Form

If you are interested in applying to become a member of the Clinton County Youth Court Program, please complete this form and mail, fax, or drop it off to the Clinton County Youth Bureau.

Please return this application no later than June 14, 2010

Name: _____

Date: _____

Mailing Address: _____

Phone Number: _____

Date of Birth: _____

School: _____

Grade: _____

Are you a resident of Clinton County? ☐ Yes ☐ No

Are you between 13 and 18 years old? ☐ Yes ☐ No

Parent(s)/ Guardian(s) Names: _____

If necessary, you may use a separate sheet of paper to respond to the questions below.

Why are you interested in becoming a Youth Court Member?

What do you feel you could offer the Youth Court Program?

Think of a time when you worked in a group with other youth (i.e.: school project, extracurricular club or activity, team sport, etc.). What skills are important to work successfully in a group?

Please also complete the back →

Please list after school activities, personal hobbies and interests.

Please read the following statements and give them careful consideration.
Both signatures (*) are required for the application to be complete.

Youth:

By my signature below, I am acknowledging that if my application is selected...

- **I will agree to attend both full days of training sessions.** The trainings dates are...

Tuesday, July 6, 2010	9am – 3pm
Wednesday, July 7, 2010	9am – 3pm
- I understand my failure to attend the above mandatory trainings will prevent me from becoming a member. **Refreshments and pizza will be provided for lunch. Please feel free to bring your own lunch if you wish.**
- I understand that I am required to receive a grade of a 75 or higher on the bar exam in order to become a member. Parents or guardians of youth who accomplish this will be mailed an invitation to attend the Induction Ceremony.
- I understand that any mail, stamped CONFIDENTIAL, that is sent to me can only be opened by me. My parents or guardians, siblings, or friends can not open CONFIDENTIAL mail sent to me from the Youth Court Program.
- I will promptly respond to phone call messages and information that is mailed to me about the Youth Court Program.
- I understand that transportation is **not** provided to trainings, hearings or other events.

* Youth's Signature

Date

Parent or Guardian:

I have discussed the above information with _____ and I agree, after considering his/her commitments, that (s)he can participate in the Youth Court Program.

* Parent or Guardian's Signature

Date

You will receive a letter prior to the start of the first training date letting you know whether or not your application has been selected. Thank you for your interest in the Youth Court Program!
If you have any questions please do not hesitate to give me a call at 565-4754.

Respectfully,
Laura Paul, Youth Court Project Coordinator