

NEIGHBORHOOD YOUTH JUSTICE COUNCIL APPLICATION

Instructions on how to send the application are on the last page. Please fill out the entire application neatly with a black or blue pen or type your answers.

Part I: Personal Information

Name: _____
 First Middle Last

Address: _____
 Street Apt. # City Zip Code

Neighborhood: _____

Gender: _____ Age: _____ Date of Birth: _____

Are you in school? Yes No

Name of School: _____

Current Grade: 8th 9th 10th 11th 12th GED (or other High School Equivalency) program

Phone number(s): Home () _____
 Cell () _____

Email address (print clearly): _____

What is the best way to contact you? Cell Email

How did you hear about the Neighborhood Youth Justice Council?

Can you come to meetings on Thursdays 4:00-6:00 pm?

Yes No Maybe/Don't know

Please check off any school and after-school commitments you MIGHT have within the next 6 months:

- AP classes
- School clubs/afterschool activities (e.g. student government, choir)
- Sports teams
- Family (e.g. regular babysitting, picking up relatives from school)
- Other (explain below)

We understand that your schedule can be unpredictable and become busy. What strategies will you use to make sure that you still attend Council meetings regularly?

Part II: Short answer question. You may write your answers here or type your responses on a separate piece of paper.

Why are you interested in joining the Neighborhood Youth Justice Council?

Applications must be post-marked, faxed, or emailed:

By mail/drop off : Staten Island Justice Center
60 Bay Street, Suite 100
Staten Island, NY 10301

By fax: 718-682-1393
To: Neighborhood Youth Justice Council

By email: llucero@nycourts.gov

Questions? Call 718 675 8924

Thank you for applying to join the Neighborhood Youth Justice Council!