



**BETHLEHEM YOUTH COURT**  
**APPLICATION FOR MEMBERSHIP**  
**Spring - 2019**

Please fill out the information below and email it to the Director at [byc@townofbethlehem.org](mailto:byc@townofbethlehem.org), or mail it to 261 Elm Ave. Delmar, NY 12054.  
Application deadline: **March 13<sup>th</sup>**

**Applicant Contact Information:**

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

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Parent/Guardian Contact Information:**

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone #s: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

**Applicant background:**

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Clubs/Sports/Extracurricular: \_\_\_\_\_

\_\_\_\_\_

[OVER]

Any issues or special class requirements regarding the learning environment that the Director should be made aware of? \_\_\_\_\_

Do you have any specific dietary needs/food allergies? If so, please explain: \_\_\_\_\_

Please explain **WHY** you want to participate as a Youth Court member.

Please explain how you learned about Youth Court. If you know someone who is currently a volunteer (adult or student) please tell us who that is.

**References:**

Please include one educational and one community reference (not a relative).

Educational:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School employed by: \_\_\_\_\_ Years Known: \_\_\_\_\_

Community:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_