



# Town of Clifton Park Youth Court



One Town Hall Plaza | Clifton Park, New York 12065 | (518) 371-6651 | FAX: (518) 371-1136

## Town of Clifton Park Youth Court Application

Check here to become a Member  
(Attorney, Judge, Victim Advocate, Clerk, Foreman)

Check here to become a juror.

### Please print

Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your email address (Print Clearly): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Why have you chosen to apply to become a member of Youth Court?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Town of Clifton Park Youth Court?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue to other side*



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Each prospective member of Youth Court must fulfill the following responsibilities of membership:

- Attend all training sessions
- Attend your assigned Youth Court session
- Prepare for your assigned Youth Court session during the weeks prior to the session

I, \_\_\_\_\_, hereby make a commitment to the Town of Clifton Park Youth Court to fulfill my 3 obligations stated above.

Do you participate in any clubs, sports, community organizations or do you volunteer for any organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Will this interfere with your Youth Court obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

### References:

- Please include a written statement from both an educational and a community reference with this application.
- The educational reference may be either a teacher or an administrator at your school.
- The community reference should be over 21 years of age and should not be a relative.
- References may be mailed to the address below and are also accepted via email and should be sent to [youthcourtdirector@cliftonpark.org](mailto:youthcourtdirector@cliftonpark.org).
- Please advise your reference you have listed them on this application as Youth Court may contact them for information.

### Educational Reference:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Work Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Community Reference:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Work Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
 Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_

Once the application is completed, please email or mail to:

Town of Clifton Park  
 Attn: Youth Court  
 One Town Hall Plaza  
 Clifton Park, NY 12065  
[youthcourtdirector@cliftonpark.org](mailto:youthcourtdirector@cliftonpark.org)