



Oswego County
Youth Court

OSWEGO COUNTY YOUTH COURT MEMBERSHIP APPLICATION

If you know of a 7th-12th grade student who would like to be a member of the Oswego County Youth Court please pass along a copy of this application. All completed applications that we receive will be kept on file until the next scheduled training dates. The student will then be notified of the upcoming training sessions.

Eligible students who are in or entering 7th through 12th grades can apply. Youth Court Members are trained to become Judges, Defense Attorneys, Prosecuting Attorneys and Court Clerks.

Youth Court hears **real cases** of youthful offenders who are referred by local law enforcement for first-time, minor offenses. Members conduct hearings related to these cases and decide on **real sentences** for these offenders.

If you or any youth have questions regarding the Youth Court program, please feel free to contact us at 349-3451. We also do presentations on Youth Court if requested.

Attached is a **two** page application. The application's **first** page is for general information. The application's **second** page is for a short essay response.

Please return completed applications to the:

Oswego County Youth Court
70 Bunner Street
Oswego, NY 13126

RETURN COMPLETED APPLICATION TO: OSWEGO COUNTY YOUTH COURT, 70 BUNNER ST, OSWEGO NY 13126

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OSWEGO COUNTY YOUTH COURT

APPLICATION FOR YOUTH COURT MEMBERSHIP

PLEASE PRINT ALL SECTIONS USING BLUE OR BLACK INK. NO MARKER, PENCIL OR GEL PEN INK WILL BE ACCEPTED.

Name: _____ Application Date: _____

CONTACT INFORMATION

Address: _____
STREET CITY ZIP

Email: _____ @ _____

Parent/Guardian: _____ Phone: _____ Cell Phone: _____

PERSONAL INFORMATION

Sex: **F** **M** Birth Date: _____ Age: _____

School: _____ Grade: _____ Average: _____ Grad. Date: _____

What extra-curricular activities have you accomplished? (Please be specific and include dates.)

What are your academic interests? _____

Please list any other interests or activities: _____

Do you have a job? **YES** **NO** Where? _____ Hours/week: _____

What times of the year would you be unable to participate in Youth Court?

- | | |
|---------------------------------|------------------|
| <input type="checkbox"/> FALL | Reason(s): _____ |
| <input type="checkbox"/> WINTER | Reason(s): _____ |
| <input type="checkbox"/> SPRING | Reason(s): _____ |
| <input type="checkbox"/> SUMMER | Reason(s): _____ |

Future goals: _____

Prior leadership or volunteer activities: _____

How did you hear about Youth Court? _____

COMPLETE ESSAY ON BACK OF APPLICATION 

In a short essay below, *please explain why you would like to participate in Youth Court.*

Please include the following points in your essay:

- Explain how Youth Court would benefit you.
- Explain what YOU could bring to Youth Court.
- Describe what you think your responsibilities in Youth Court would be.

Photo Release: I give The Oswego County Youth Court/Oswego City-County Youth Bureau permission to publish in print, electronic or video format the likeness or image of my child for use in materials created for the purpose of promoting Youth Court. I release all claims against the Oswego County Youth Court/Oswego City-County Youth Bureau with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature of parent or guardian: _____

Signature of youth: _____

Date: _____

For Youth Court Staff Use Only: City <input type="checkbox"/> County <input type="checkbox"/>
