



## Oswego County Youth Court

# OSWEGO COUNTY YOUTH COURT MEMBERSHIP APPLICATION

If you know of a 7<sup>th</sup>-12<sup>th</sup> 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 7<sup>th</sup> through 12<sup>th</sup> 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 are you involved in? (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 

