

GREENPOINT

YOUTH

COURT

A Project of the Center for Court Innovation

## APPLICATION

### THE GREENPOINT YOUTH COURT

176 Java St., Room 10

Brooklyn, NY 11222

Phone: 718-492-6935 or 646-460-1764

Fax: 718-349-2603

FOR OFFICE USE ONLY

Date received:

Interview Date/Time:

**Applications may be submitted by mail, fax or in person by April 5th**  
**Applications will be reviewed in the order they are received. Apply early!**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level ('09-'10): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

What time are you dismissed from school during the school-year? \_\_\_\_\_

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What languages do you speak fluently? \_\_\_\_\_

Please list any training/special skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a job before? \_\_\_\_\_

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

Are you participating in the Summer Youth Employment Program this summer? \_\_\_\_\_

If yes, where is your placement? \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ESSAY: Please attach a 100 word essay explaining why you would like to be a Youth Court member.**

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**Emergency Contact:**

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

Relationship to Child: \_\_\_\_\_

Phone

Number(s): \_\_\_\_\_

The following information is used to ensure that the program orientation and training are arranged to meet the needs of all participants. This information will not be used to evaluate applicants.

Have you ever been arrested or convicted of a crime? \_\_\_\_\_

If yes, please

explain: \_\_\_\_\_

Please describe any physical or medical issues our staff should be aware

of: \_\_\_\_\_

Do you take any prescribed medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify medication and

reason: \_\_\_\_\_

Are you in Special Education? \_\_\_\_\_

Please list any special needs you may have:

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**I hereby certify that the information provided in this application is true, correct and complete. If selected as a Youth Court Member, I understand that any misstatement of facts on this application may result in dismissal from the program.**

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*Signature*

*Date*

*All info sessions, trainings, and hearings take place at the Polish & Slavic Center, 176 Java Street, Brooklyn, NY 11213.  
(G train to Greenpoint Ave.)*