



Oswego City-County Youth Bureau  
70 Bunner St, Oswego NY 13126

Ph: 315-349-3451

Fax: 315-349-3231

Tiffany Halstead

Tiffany.Halstead@oswegocounty.com

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**Please answer the following questions.**

1. What sports/clubs/extracurricular activities do you participate in?

---

---

---

2. What are your special interests or hobbies?

---

---

---

3. Regarding the youth of Oswego County, what problems do you see that need attention?

---

---

---

4. What would you expect an organization such as the Youth Advisory Council to accomplish?

---

---

---

**Please have a minimum of two school faculty recommendations.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Years Known Applicant \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Years Known Applicant \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Years Known Applicant \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Position \_\_\_\_\_ Years Known Applicant \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_