

NASSAU COUNTY YOUTH BOARD

# Youth Adult Participation Project

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE/PAGER: \_\_\_\_\_

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT OR GUARDIAN'S FULL NAME: \_\_\_\_\_

**NAME OF SCHOOL, AGENCY, OR PERSON WHO REFERRED YOU TO YAPP:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SCHOOL YOU ARE PRESENTLY ATTENDING: \_\_\_\_\_

LAST GRADE COMPLETED AS OF JUNE: \_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_

PREVIOUS LEADERSHIP TRAINING: \_\_\_\_\_

COMMUNITY SERVICE/VOLUNTEER WORK: \_\_\_\_\_

HOBBIES/SPECIAL INTERESTS: \_\_\_\_\_

**EMPLOYMENT:**

Not Working \_\_\_\_\_ Working Part Time \_\_\_\_\_ Working Full Time \_\_\_\_\_

ON THE BACK OF THIS APPLICATION PLEASE TELL US SOMETHING ABOUT YOURSELF.

WE ARE ESPECIALLY INTERESTED IN KNOWING WHY YOU WOULD LIKE TO JOIN THE

**YOUTH ADULT PARTICIPATION PROJECT (YAPP).**

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL:

**Christina Aristilde**

**YAPP EDUCATIONAL/TRAINING COORDINATOR  
(516) 227-7109**

PLEASE RETURN THIS APPLICATION TO:

**Nassau County Youth Board  
Attn: Christina Aristilde  
60 Charles Lindbergh Blvd.  
Uniondale, NY 11553-3653**