



Town of Copake
Student/Youth Application
Parks Commission Student
Youth Member

Submit to: Copake Park Commission, 203 Mountain View Rd., Copake, NY 12516

Last Name: _____

First Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

e-mail: _____

Length of residency in Copake: _____

Grade Level in Fall: _____

Student Government Experience	Position/Office Held	School Year

Service Clubs or Organizations You Belonged To	Position/Office Held	School Year

Commission Applying To

_____ **Parks Commission Student** (must be in grade 10,11,or 12 in fall)

_____ **Youth Commission** (must be in grade 7,8,9in fall)

Why are you interested in serving as a Youth Commissioner?

Tell us about your skills or interests that you feel would assist the Park Commission:

Please list your current activities:

What do you see as important issues for the youth in Copake?

What specifically would you contribute to the Park Commission?

Signature: _____

Date: _____