



# TOWN OF RAMAPO YOUTH COURT

237 Route 59  
Suffern, New York 10901  
(845) 357-5100 Fax: (845) 357-3877  
Email: [youthcourt@ramapo.org](mailto:youthcourt@ramapo.org)



**MICHAEL B. SPECHT**  
Supervisor

**BRAD R. WEIDEL**  
Chief of Police

## APPLICATION FOR MEMBERSHIP

To participate in Youth Court you must be at least 13 years old and a resident of the Town of Ramapo. Mail the completed application and two references to the Town of Ramapo Youth Court office, 237 Route 59, Suffern, NY 10901.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

TELEPHONE #: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

EMAIL: \_\_\_\_\_

GRADE: \_\_\_\_\_ High School you are or will be attending: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address(if different) \_\_\_\_\_

\_\_\_\_\_

Parent cell phone: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you work: \_\_\_\_\_ If yes, where: \_\_\_\_\_ How long: \_\_\_\_\_

How did you hear about or become interested in the Youth Court: \_\_\_\_\_

\_\_\_\_\_

What qualities do you have that would make you a good Youth Court member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Youth Court Membership Application  
Page 2

What do you hope to gain from being in Youth Court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your education or career plans after graduation from high school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been found guilty of a crime: \_\_\_\_\_ If yes, what were the charges: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the victim of a crime: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that the information set forth in the above application are truthful to the best of my knowledge

\_\_\_\_\_  
Applicant's Signature                      Date

Parental Permission: I give my consent to have my child participate in the Town of Ramapo Youth Court.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

*NOTE: Please return application and reference forms together to Town of Ramapo Youth Court, 237 Route 59, Suffern, New York or by e-mail: [youthcourt@ramapo.org](mailto:youthcourt@ramapo.org).*