

**SCHUYLER COUNTY YOUTH BUREAU**

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**SCHUYLER COUNTY YOUTH BOARD  
APPOINTMENT APPLICATION**

NEW APPOINTMENT: \_\_\_\_\_ REAPPOINTMENT: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

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

\_\_\_\_\_

TELEPHONE: HOME (     ) \_\_\_\_\_ BUSINESS (     ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

REPRESENTING: (Fill In Appropriate Blank)

School \_\_\_\_\_ Youth \_\_\_\_\_

Municipality \_\_\_\_\_

Agency / Organization \_\_\_\_\_

Other \_\_\_\_\_

**The NYS Office of Children & Family Services (OCFS) rules prohibit a person from voting on fiscal matters pertaining to issues related to the Youth Board if they or their immediate family are affiliated with any organization or employer, which receives funds from or through the Youth Board. Please list below all the organizations/businesses with which you are affiliated as officer, employee, director or member that has as one of its functions service to or programs for youth. The Youth Board will then determine if any of the groups with which you are affiliated receives such funds. The undersigned certifies that he/she is affiliated only with the following groups and organizations, which provide services to or programs for youth.**

**MEMBERSHIP/EMPLOYMENT IN YOUTH ORGANIZATIONS:**

Name & Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**For office use only**

Date presented to YB \_\_\_\_\_ Term of Office: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Approved by Legislature: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_

District 1 2 3 At Large Youth Ex-Officio