TOWN OF ISLIP
401 Main St., Islip, NY 11751
Phone: (631) 224-5320 Fax: (631) 665-4093

Town of Islip Youth Board Membership Application

Please type or print all information. Adult applicants please attach a resume.

Name: _____

Address: _____

Date: _____Phone #: _____

E-mail address: _____

Date of birth (student): _____School (student):_____

Highest grade attended: _____ Do you have transportation: _____Yes _____No

Employment History: List all full and part time jobs beginning with the most recent.

Employer Name and Address	From	To	Position Held

Why are you interested in volunteering with the Islip Youth Board? _____

_____

Extracurricular activities: _____

_____

Future plans and goals: _____

_____

List one reference other than a family member:

_____
Name Address Title/position Phone #

Return to: **Town of Islip Youth Bureau, 401 Main Street, Islip, NY 11751. For further information please call (631) 224-5320 or email youthbureau@islipny.gov.**