



Smith's Clove Park Teen Advisory Board Application

Information About You (Please Print)

Name: _____ Date: ___ / ___ / ___ Park I.D. # _____

Address: _____, _____ N.Y. Zip: _____

Phone #: _____ Cell #: _____ E-Mail _____

Time/s you would be available: Days Evenings Weekends Holidays
Other _____

In Case of an Emergency notify: _____ Relationship _____
1# _____ 2# _____

Briefly state why you want to be on the Board: _____

List your skills, interests, hobbies, community activities, work or professional experience: _____

List previous volunteer experience: _____

*Meet with recreation director to help develop / improve park programs

I agree to conform to the municipality's rules and regulations to the best of my ability. **Please Return To:**
Joseph Mancuso % Monroe Joint Recreation Commission, 133 Spring St. Monroe, N.Y. 10950

Signature of applicant: _____ *D.O.B* _____

For Office Use

Application: Accepted Denied

By: _____ Date: _____

Basis: _____

Acknowledgement Sent: _____ via: _____