



Global Youth Service Day

Global Youth Services Day Application (2 pages)

Please submit one application per project. Please print clearly.

Mail completed application to: Smithtown Youth Bureau 161 E. Main St. Smithtown, NY 11787, email to kdevito@tosgov.com, or fax to (631)360-7687

Application Deadline April 4, 2014. The Celebration will be held April 12, 2014

Date _____

Describe your youth service project

What impact did it have on the community?

Signature of Adult Supervisor (if applicable)

Date

Name of youth completing application

Date

Address

School/Grade _____

E-mail _____



Clearly list the names of all youth who participated in this project (use the back of this application if you need more space).

Release Form

In the course of our youth bureau programs, we will from time to time take photos of the participants for use in future publications and on our websites. In addition, we sometimes get media coverage with requests to photograph or film the students participating in one or more activities. If you wish to grant permission for these activities, please check the permission(s) you are granting, and sign the waiver at the bottom.

_____ **I hereby authorize the Smithtown Youth Bureau to photograph/film/videotape and sound record my child in the context of activities associated with Global Youth Services Day. I hereby assign all rights to the photographs/films/videotapes and sound recordings made of my child, and I authorize the reproduction, copyright, broadcast, and/or distribution of said material for use in publications and/or on website.**

_____ **I hereby authorize the Smithtown Youth Bureau to allow the photography/filming/videotaping and sound recording of my child by local media in the context of activities associated with Global Youth Services Day Program. I hereby assign all rights to the photographs/films/videotapes and sound recordings made of my child, and authorize the reproduction, copyright, broadcast, and/or distribution of said material for use by local media in the promotion of these programs.**

Name of Child

Signature of Parent or Guardian

Date _____