



2009-2010 Student Application

Name _____ Age _____

Street _____

City _____ Zip _____ Telephone _____

Email _____ School _____ Grade _____

Why do you want to participate in the "Government Intern Program"? _____

This program requires a time commitment. Are you available for:

One to two meetings a month during the school day _____

One evening meeting of the County Legislature (Second Monday of every month) _____

Will you be able to obtain release time from school to attend meetings? _____

Requirements include keeping a journal of your experiences and completing an independent study project.

Can you work independently? _____

Do you have a job? _____ Where? _____

List school and community activities:

Clubs _____

Sports _____

Awards _____

Other _____

Do you have transportation to meetings in downtown Albany and Voorheesville? _____

This program also offers an opportunity to explore careers.

What careers interest you? _____

Do you know who the County Legislator is in your district? yes ____ no ____

Who? _____ (over)

PARENTAL CONSENT SECTION—parents must complete and sign below.

Parent(s) Name: _____

Day Number: _____ Emergency Number: _____

Parent Signature: _____ Date: _____

SCHOOL LIAISON SECTION

School liaison name _____ Title _____

School Address _____

City/Town _____ Zip Code _____

School telephone number _____ Email _____

Signature of school liaison _____

Will the student be receiving:

Academic credit for this program? Yes ____ No ____

Participation in Government credit for this program? Yes ____ No ____

If yes to either of the above questions; when do you need to have a final grade for the program?

Month _____ Date _____

Will this student be able to obtain release time from school to attend programs? _____

Please feel free to include remarks about this student _____

PUBLICITY RELEASE FORM—parents must complete and sign below

I, the undersigned, hereby

A. Do consent and authorize, or

B. Do not consent and authorize,

(Circle one of underlined statements above)

The use or reproduction, by Cornell Cooperative Extension of Albany County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibits, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward I certify that I am the parent/guardian authorized to sign this release.

Name of child/ward: _____
Print name

Name of parent/guardian: _____
Print name

Signature: _____
Parent or guardian

Cut the perforated area and return application only to:

Nancy Lerner

Cornell Cooperative Extension of Albany County

PO Box 497, 24 Martin Road

Voorheesville, NY 12186

IF YOU HAVE ANY QUESTIONS, CONTACT NANCY AT NKL1@cornell.edu OR 765-3521.

DO NOT WRITE BELOW THIS LINE: (For the Government Intern Program Coordinator to complete)

LEGISLATOR _____

PHONE NUMBER _____