

**Tri-Town Youth Services  
Board of Directors**

***Application for Membership***

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Email address

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_

Please check all that apply:

- School system representative
- Police department representative
- Private youth serving agency representative
- Service consumer (don't work in any capacity that serves youth; have children of my own.)

If you have or work with children, what age(s) are they?

\_\_\_\_\_

How did you hear about Tri-Town Youth Services?

\_\_\_\_\_

What do you know about us?

\_\_\_\_\_

Why are you interested in being on our board?

\_\_\_\_\_

Can you attend monthly meetings? \_\_\_\_yes \_\_\_\_no

Which night is best for you? \_\_\_\_\_ worst? \_\_\_\_\_

What is your profession or area of expertise?

\_\_\_\_\_

Please list community involvement:

\_\_\_\_\_

How soon would you be available?

\_\_\_\_\_

Thank you for taking the time to fill out this application. Please mail it to us:  
Tri-Town Youth Services, P.O. Box 897, Deep River, CT 06417.  
Or drop it off at our office at 56 High Street in Deep River. It will be kept on file for future consideration.