

Assemblywoman Addie J. Russell's Student Cabinet
March 16th, 2013 – Ogdensburg, New York

APPLICATION

Name: _____

Address: _____

Telephone No.: _____ Email: _____

School District: _____ Grade: 7 8 9 10 11 12

Transportation: I need assistance with transportation _____ I have transportation _____

Computer: I have a desktop _____ I have laptop _____ I do not have access to either _____

Dietary/Allergies/Medical/Disabilities – please list any dietary restrictions or food or other allergies, medical conditions or disabilities that need to be accommodated.

Emergency Contact Name(s): _____

Address: _____

Telephone No.: _____ Email: _____

Names, telephone numbers and relationship for two references:

Special skills or areas of interest: _____

PLEASE ALSO SUBMIT YOUR RESUME OR SIMILAR DOCUMENT

I, _____, the Parent/Guardian of the above applicant consent to their participation in Assemblywoman Addie J. Russell's Student Cabinet.

Date: _____ Signature: _____