Assemblyman Walter T. Mosley's
Student Cabinet
Application & Parental Consent

Name: _____

Address: _____

Telephone: _____ Email: _____

High School: _____ Grade: _____

Address: _____

Do you have access to a computer? Yes ☐ No ☐

Please provide two references:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Relationship to reference: _____ Relationship to reference: _____

I, _____, parent / guardian of

_____, give my consent for my child to participate in Assemblyman Walter T. Mosley's Student Cabinet.

_____ and / or _____

Telephone Email

Signature: _____ Date: _____

Student Cabinet

REQUIREMENTS

- Parental consent is required
- Learn about the legislative process
- Research community concerns
- Attend monthly meetings
- High school students only
- Public policy issues

MEETINGS ARE HELD THE LAST FRIDAY OF EVERY MONTH FROM 3:30 p.m. – 5:30 p.m. UNLESS OTHERWISE LISTED

Friday, December 18, 2015
Friday, January 29, 2016
Friday, February 26, 2016
Thursday, March 24, 2016
Friday, April 22, 2016
Thursday, May 26, 2016
Friday, June 24, 2016
Friday, September 30, 2016
Friday, October 28, 2016
Friday, November 18, 2016

Must have ID to enter the building.

For Additional Information
Please Call 718-596-0100 or Email lopeze@assembly.state.ny.us