



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

COMMITTEES
Agriculture
Energy
Governmental Employees
Small Business
Veterans' Affairs

ANGELO SANTABARBARA
Assemblyman 111th District

Student Cabinet Application

Assemblyman Angelo Santabarbara's
Student Cabinet

October 8, 2014 – Schenectady, New York

Name: _____

Address: _____

Telephone No.: _____ Email: _____

School District: _____ Grade: 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 Assemblyman Angelo Santabarbara's Student Cabinet.

Date: _____

Signature: _____