





## SCHOOL ACTIVITIES:

ACTIVITY	JOINED	OFFICER/CAPTAIN (TITLE & YEAR)
<i>Academic Honors</i>		
<i>Student Government</i>		
<i>School Clubs/Departments</i>		
<i>Athletics</i>		

**GRADE** (G.P.A. if possible): \_\_\_\_\_

**Other pertinent information why this youth should be recognized for a Greene County Youth Award:**

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**I certify that the information regarding the above named student is correct to the best of my knowledge.**

**Name of Nominator** \_\_\_\_\_ **Contact info** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Greene County Department of Human Services

## Photo/Video Release

I hereby grant Greene County Department of Human Services consent to use my likeness, in photographs in whatever form or condition, with or without the use of my name, for any lawful purpose.

I understand that I will not be compensated for this.

I state that \_\_\_\_\_ is over eighteen (18) years of age.  
\_\_\_ Yes \_\_\_ No

If under age eighteen, a parent or legal guardian must complete on the minor's behalf.

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Self \_\_\_\_\_ Parent/Legal Guardian